

L10000049420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

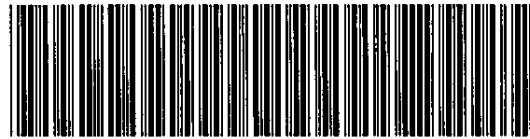
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Burch APR 16 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CBC 1 LLC

**DOCUMENT NUMBER:** L 10000049420

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betty A. CROWLEY  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

1182 N.W.C.R. 274  
(Address)

Fountain Fl. 32438  
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty A. Crowley at (850) 816-0482  
(Name of Contact Person) Mgmont (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

CBC 1 LLC

2. The Articles of Organization were filed on 5/7/2010 and assigned  
document number L 10000049420

3. The delayed effective date the dissolution if not effective on the date of filing: 4/15/2014

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No current Business transactions / No assets  
All prev liabilities of LLC have been paid  
No pending suits against company in any court.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Signature

Printed Name

Betty A. Crowley

Betty A. Crowley

FILING FEE: \$25.00

Managing member

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