

L100000062777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

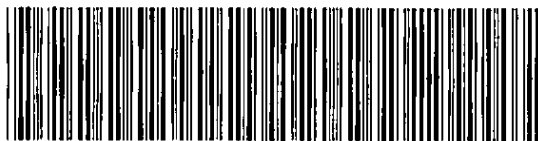
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700424012507

FILED  
FEB 21 2024  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 FEB 21 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. HUNT  
02/24/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 02/21/24  
Order #: 1425676-1  
Re: Miami CFS, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
I20000000195

auth:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over a horizontal line.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI CFS, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Fred Castonguay

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
Miami CFS, LLC

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

\_\_\_\_\_  
1007 N America Way # 501.

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Miami, FL 33132

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
Fred Castonguay

\_\_\_\_\_  
(Name of Person)

at ( 813 ) 618-1460  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

MIAMI CFS, LLC

2. The Articles of Organization were filed on JUNE 10, 2010 and assigned

document number L10000062777

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 members for 90 consecutive days

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

1007 N America Way # 501, Miami, FL 33132

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:

*Fred Castonguay*

fred.castonguay@portsamerica.com

Signature

Fred Castonguay

Printed Name

**FILING FEE: \$25.00**