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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (352) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL
CML-MO CITY DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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17 NOV -6 AM 8:52
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TALLAHASSEE, FLORIDA

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J. LEGGETT
NOV - 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CML-MO CITY DEVELOPMENT, 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: :

LORI BUCKLER

(Name of Person)

CML-MO CITY DEVELOPMENT, LLC

(Firm/Company)

790 NW 107TH AVENUE, SUITE 400

(Address)

MIAMI, FLORIDA 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

LORI BUCKLER

(Name of Person)

at (305)

229-6675

(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/COURIER ADDRESS:

Registration 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

CML-MO CITY DEVELOPMENT, LLC

2. The Articles of Organization were filed on 6/22/10 and assigned
document number L10000066511

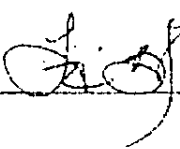
3. The delayed effective date the dissolution if not effective on the date of filing: _____

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 longer needed

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

LORI BUCKLER

FILING FEE: \$25.00

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