

#L10000069113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

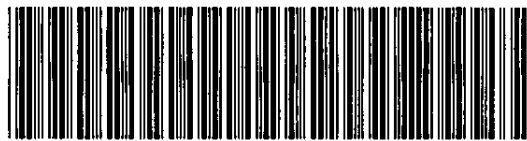
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/05/14--01046--022 **25.00

FILED
2014 MAY -5 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 12 2014

CORSARO & ASSOCIATES CO., LPA

**28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE**

May 2, 2014

VIA UPS #1Z F60 R31 01 9870 2726
FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CH South Holdings, LLC
Document No. L10000069113

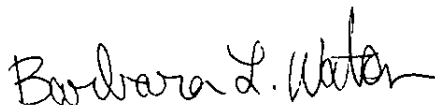
Dear Sir or Madam:

Enclosed for filing are the following, being submitted on behalf of the above-referenced entity:

- 1) Articles of Dissolution;
- 2) Notice of Limited Liability Company Dissolution; and
- 3) Check No. 2162 in the amount of \$25.00.

If you should have any questions and/or comments concerning the enclosed, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA



By: Barbara L. Watson, Paralegal to
Scott R. Poe, Esq.

/blw

Enclosures

cc: Ms. Diana Cisar (w/o encls.) (via email)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CH South Holdings, 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:

Scott R. Poe, Esq.

(Name of Person)

Corsaro & Associates Co., LPA

(Firm/Company)

28039 Clemens Road

(Address)

Westlake, OH 44145

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott R. Poe, Esq.

(Name of Person)

at (440) 871-4022

(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**

FILED
2014 MAY -5 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
CH South Holdings, LLC
2. The Articles of Organization were filed on June 29, 2010 and assigned
document number L10000069113
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).
CH South Holdings, LLC has ceased conducting business activity, and the company's
sole member has consented to the dissolution.

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



Chris E. Haas, Manager

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED
2014 MAY -5 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CH South Holdings, LLC

Date of dissolution was: _____

Description of information that must be included in a written claim:

Please provide the name, address, telephone number and email
address of the contact person for the claimant. Additionally, provide
a detailed statement describing the claim and describe what recourse
is being sought. Please provide all additional information that the claimant
believes is relevant to the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

All Pro Freight Systems-South, LLC

Attn: George Renna, President


400 Rinehart Road, Suite 1040

Lake Mary, FL 32746

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Chris E. Haas, Manager

Printed Name of the Person Filing

(*) 
Signature of the Person Filing

Fee: No charge if included with Notice of Dissolution. If filed separately \$25.00