

11/1/2017

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
CML-AZ HOLIDAY, LLC

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CML-AZ HOLIDAY, 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-AZ HOLIDAY, 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:

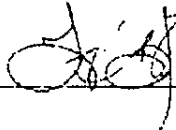
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
CML-AZ HOLIDAY, LLC
2. The Articles of Organization were filed on 9/01/10 and assigned
document number L10000092346
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA