

LI1000014639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FEB 12 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNC Apartments I, 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:

Shelley A. Kidder
(Name of Person)

Reed Weitkamp Schell & Vice PLLC
(Firm/Company)

500 W. Jefferson St., Ste. 2400
(Address)

Louisville, KY 40202
(City/State and Zip Code)

For further information concerning this matter, please call:

Shelley A. Kidder at (502) 589-1000
(Name of Person) (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

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

1. The name of a limited liability company is
CNC Apartments I, LLC
2. The Articles of Organization were filed on February 8, 2011 and assigned
document number L11000016639
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)
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).

Upon the written consent of the sole member of the limited liability company.

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

Consolidated National Corporation, Sole Member
By: Robert T. Shaw, President

Printed Name

FILING FEE: \$25.00

2015 FEB - 4 PM 12: 30
SECRETARY OF STATE
ALACHUA COUNTY
FLORIDA

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