

L11000016675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

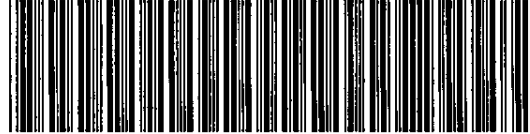
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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2015 FEB -4 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 12 2015  
BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CNC Apartments V, 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

(Name of Person)

at (

502

589-1000

(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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