

L11000049309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

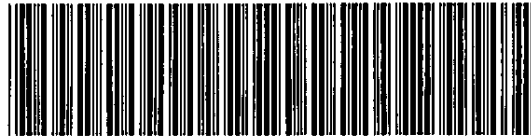
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 DEC -6 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 DEC -6 AM 11:13
TALLAHASSEE
SUFFICIENCY OF FILING

K. SALY

DEC -7 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 391402 7579688

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : December 5, 2016

ORDER TIME : 4:23 PM

ORDER NO. : 391402-005

CUSTOMER NO: 7579688

DOMESTIC FILINGS

NAME: CC DAVIE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CC Davie, 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:

Vianka Wong

(Name of Person)

c/o Ares Management LLC

(Firm/Company)

245 Park Avenue, 43rd Floor

(Address)

New York, NY 10167

(City/State and Zip Code)

For further information concerning this matter, please call:

Vianka Wong

(Name of Person)

at (212) 515-3364

(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
2016 DEC -6 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

CC Davie, LLC

2. The Articles of Organization were filed on 4/26/2011 and assigned

document number L11000049309

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The limited liability company has ceased to do business in the State of Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Keith Kooper

c/o Ares Management LLC

245 Park Avenue, 43rd Floor

New York, NY 10167

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

Keith Kooper

Printed Name

FILING FEE: \$25.00