

L11000073356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

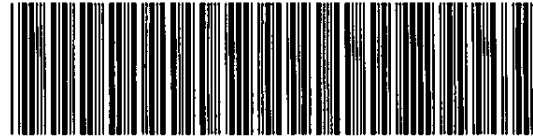
(Business Entity Name)

(Document Number)

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

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10/30/14--01004--004 \*\*25.00

FILED  
14 OCT 30 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

10/30

OCT 31 2014

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capecoralmanagementservices 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:

Oliver Huttner

(Name of Person)

Management Tax Consulting Inc

(Firm/Company)

4430 Orchid Blvd Ste 202

(Address)

Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Oliver Huttner

(Name of Person)

239

at (

645-4208

(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 Capecoralmanagementservice LLC.
2. The Articles of Organization were filed on 06/23/2011 and assigned document number L11000073356
3. The delayed effective date the dissolution if not effective on the date of filing: 10/30/2014  
(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).  
The company is no longer doing business.
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

Michael Lamm

Printed Name

**FILING FEE: \$25.00**

SECRET  
14 OCT 30 11 31  
TALLAHASSEE