

L11000127062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

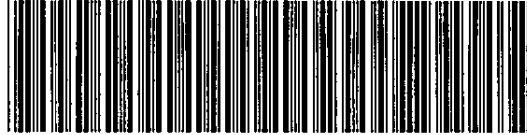
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/25/14--01003--016 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
DEC 05
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABAN INVESTMENTS 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:

JASON CABAN

(Name of Person)

CABAN INVESTMENTS LLC

(Firm/Company)

901 S 22nd STREET

(Address)

TAMPA, FL 33605

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON CABAN

(Name of Person)

813

at ()

732-0621

(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

CABAN INVESTMENTS LLC

2. The Articles of Organization were filed on 11/8/2011 and assigned

document number L11000127062

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).

The business of which this LLC has been operating has been sold and there is no

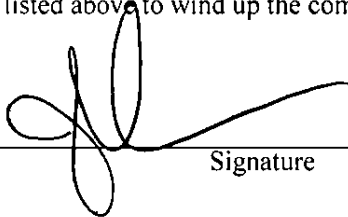
future expectation to open any business activity under this LLC.

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

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TALLAHASSEE, FLORIDA

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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

JASON CABAN
Printed Name

FILING FEE: \$25.00