

L110000142029

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3339  
Fax Number : (954) 208-0945

LLC DISSOLUTION OR WITHDRAWAL  
CMLT 2008-LS1 OFFICE 250, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
2017 JUL 21 AM 10:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2017 JUL 21 PM 4:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY  
JUL 24 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMLT 2008-LS1 OFFICE 250, 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:

\_\_\_\_\_  
(Name of Person)  
  
\_\_\_\_\_  
(Firm/Company)  
  
\_\_\_\_\_  
(Address)  
  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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**  
**2017 JUL 21 AM 10:09**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
CMLT 2008-LSI OFFICE 250, LLC

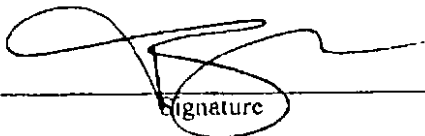
2. The Articles of Organization were filed on 12/19/2011 and assigned  
document number LI1000142029

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).  
Winding up of business affairs. Entity has no assets remaining.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Tausha Wagner - 1601 Washington Ave., Suite 800, Miami Beach, FL 33139

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

Tausha Wagner

Printed Name

**FILING FEE: \$25.00**