L1200006/189

(Requestor's Name)							
(Address)							
(Add	(Address)						
(City	/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to F	iling Officer:						

Office Use Only



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12/02/15--01006--023 **25.00

2016 JAN 21 PM 2: 40

K.SALY EXAMINER JAN 25



December 3, 2015

EMAD SULTANEM 5110 W PLATT ST. TAMPA, FL 33609

SUBJECT: CCP FUND III, LLC Ref. Number: L12000061189

We have received your document for CCP FUND III, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00025347

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

	stration Section ion of Corporations						
SUBJECT: _	CCP	FUNIS	1111_	helic			
		(Name of Lim	nited Liability Ć				
The enclosed A	Articles of Dissolution and	fee(s) are subm	itted for filing.				
Please return a	all correspondence concerni	ng this matter t	o the following	:			
	EMAD	<	ULTAMET	1			
			ame of Person)				
	· · · · · · · · · · · · · · · · · · ·	(F	irm/Company)				
		(*	inie Company)				
	<u> 5110</u>	W	PLATT	Sī.			
			(Address)				
	TAMPA	ī	7 3	53609			
		(City)S	State and Zip Cod	6)			
Car Carde and the	· · · · · · · · · · · · · · · · · · ·	- 	11.				
For turtner into	ormation concerning this m	atter, please ca	11:				
E	MAD SULT	ANISM	at (6	46 327 6202			
	(Name of Person	n)	(/	46) 327 620 2 Area Code & Daytime Telephone Number)			
Canlaged is a ab	and for the following company						
	neck for the following amount:		□ es s (00 Filing Fue Cartificate of Dissolution &			
\$25,00 Filing Fee and Certificate of Dissolution			□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	K SENT WITH	21					
PREJ	DAILING ADDR درن ۱ MAILING ADDR	ECC.		STREET/COURIER ADDRESS:			
	Registration Section			Registration Section			
	Division of Corpora			Division of Corporations			
	P.O. Box 6327			Clifton Building			
	Tallahassee, FL 323	314		2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2016 JAH 21 PM 2: 40
SECRETARY OF STATE

1.	The name of a limited liability company is						SEPRIT			
		CCP	· F	ひろか		D,		<u>. </u>	TALLAHASSI	
2.	The Article	es of Organizatio								
	document	number <u>L 12</u>	00006118	39	<u> </u>					
3.	Note: If the	ed effective date (effective ne date inscrted in the document's effec	this block does r	not meet the	e applicab	le statui	ory filing r	: 01/2 locument is requirements	ceived for filing), this date will no	
4.	A descript 605.0707, I	ion of occurrence Florida Statutes,	e that resulted i (copy 605.070)	in the limi 7 on back	ted liabil cover let	ity con ter).	ıpany's di	ssolution p	ursuant to section	
	Desa	WRITTEN	CONSEN	r 0F	ALL	THE	ካሪካ Βረስ	OF	THE LLC	
								<u></u>		
5.	If there are	e no members, en	iter the name a	nd address	s of the p	erson a	ppointed	o wind up	the company's	
	activities a	and affairs:			•					
				·						
										
6. lis	Signature (sted above to	of an authorized o wind up the co	person or if the inpany's activi	ere are no ties and at	members ffairs:	s, the si	gnature of	the persor	appointed and	
	1/	Jutte			E	MAD	Sul	TANEM		
		Signature	1.			•	Printed	Name		

FILING FEE: \$25.00