

Liaison no 16

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

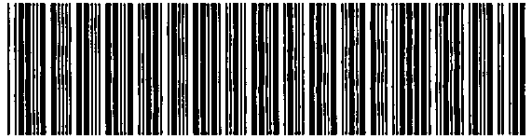
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 21 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

(CS1) VENTURES 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:

JAMES BURKE
(Name of Person)

(CS1) VENTURES LLC
(Firm/Company)

2 GREENFIELD GATE
(Address)

FORT SASKACHEWAN, ALBERTA, CANADA. T8Z 4P8
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES BURKE
(Name of Person)

at (T80) 267 9350
(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

1. The name of a limited liability company is

CSU VENTURES LLC

2. The Articles of Organization were filed on NOV 6TH 2012 and assigned

document number L12000077016

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).

LACK OF MARKET ACTIVITY
RESULTING OF NOW COMMENCEMENT
OF 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:

JAMES BURKE (PRESIDENT)

2 GREENFIELD GATE

FORT SASKATCHEWAN

ALBERTA, CANADA, T8L 4P8

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

James Burke
Printed Name

FILING FEE: \$25.00

FILED
2012 DEC 21 A 10:57
CLERK OF STATE
TALLAHASSEE, FLORIDA