L12000117467

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	2
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	Office Lise Only	

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02/25/22--01006--003 ++25.00



Office Use Only

COVER LETTER .

TO: Registration Section Division of Corporations

- CAPE CORAL VENTURE, LLC

SUBJECT:

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(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:

MARK A. EBELINI

(Name of Person)

KNOTT EBELINI HART

(Firm/Company)

1625 HENDRY STREET, SUITE 301

(Address)

FORT MYERS FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK A. EBELINI 239 334-2722 at (_____)

(Name of Person)

(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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2022 FEB 25 AM 8: 17

FUED

SECRETARY OF STATE TALLAHASSEE, FULLA

1. The name of a limited liability company is CAPE CORAL VENTURE, LLC

2.	The Articles of Organization were filed on SEPTEMBER 13, 2012	and assigned
	document number L12000117467	
3.	The delayed effective date the dissolution if not effective on the date of filing:	

- So The delayed effective date the dissolution if not effective of the date of filling. (effective date cannot be prior to or more than 90 days later than date document is received for filling) <u>Note:</u> 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).

ACTION BY WRITTEN CONSENT OF ALL MEMBERS, AS THE BUSINESS VENTURE

OF THE COMPANY HAS CONCLUDED.

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:

Themes A. Miswonger Signature

THOMAS R. NISWONGER, MEMBER MGR

Printed Name

FILING FEE: \$25.00