Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM

Account Number : I20130000057

Phone : (239)334-2195

Fax Number

: (239)332-2243

LLC DISSOLUTION OR WITHDRAWAL **CORKSCREW LAKES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

NOV 05 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	lity company is	
2.	The Articles of Organization	on were filed on 11/15/	2012 and assigned
	document number L120001	44956	_
3.	(effectiv	e date cannot be prior to or this block does not meet	effective on the date of filing: more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not be ment of State's records.
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the li (copy 605.0707 on bac	mited liability company's dissolution pursuant to section ck cover letter).
5.		ent Comp	ress of the person appointed to wind up the company's
	activities and affairs:	Dominic Cameratta	
		21101 DESIGN PAR	C LN 103
		ESTERO FL 33928	
6. ab	Signature of an authorized ove to wind up the company	person or if there are r y's activities and affair	no members, the signature of the person appointed and listers:
			Dominic Cameratta Printed Name
	Signature		Frince Panie

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was: 10/2/8/2021
Description of information that must be included in a written claim:
Name and reason for claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
21101 DESIGN PARC LN 103
ESTERO FL 33928
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Dominic Cameratta
Printed Name of the Person Filing

Pee: No charge if included with Articles of Dissolution. If filed separately \$25.00