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(Requestor's Name)

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(Business Entity Name)

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05/31/16--01031--015 **25.00

16 MAY 31 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016
J SHIVERS

CMW Endeavours, LLC
1 Albert Street
Mitcham VIC 3132
Australia

May 14, 2016

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

To whom it may concern

Re Notice of Dissolution

Please find enclosed Notice of Dissolution along with \$25.00 filing fee and supporting documentation for CMW Endeavours, LLC.

Yours sincerely

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Colin Walker
CMW Endeavours, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CMW ENDEAVOURS, 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:

COLIN WALKER

(Name of Person)

(Firm/Company)

1 ALBERT STREET

(Address)

MITCHAM VIC AUSTRALIA 3132

(City/State and Zip Code)

For further information concerning this matter, please call:

COLIN WALKER

(Name of Person)

at **+61 3 9873 4924**

(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
CMW ENDEAVOURS, LLC
2. The Articles of Organization were filed on MARCH 1, 2013 and assigned
document number L13000031782
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).
UNANIMOUS WRITTEN AGREEMENT OF ALL MEMBERS
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:



Signature

COLIN WALKER

Printed Name _____

FILING FEE: \$25.00