

L13 6000 37325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

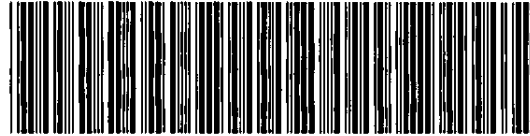
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/19/14--01022--003 **25.00

SECRET
TALLAHASSEE, FLORIDA
MAR 20 2014

J. Stivers MAR 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CP & HL INVESTMENTS 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:

YURAIMÉ FERNANDEZ

(Name of Person)

WIZARD TAX INC

(Firm/Company)

6741 SW 24TH ST STE 55

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

YURAIMÉ FERNANDEZ

(Name of Person)

786

545-6693

at ()

(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

CP & HL INVESTMENTS LLC

2. The Articles of Organization were filed on 03/12/2013 and assigned

document number L13000037325

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)

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).

The Company did not conduct any operations, activities, affairs,

or property investments.

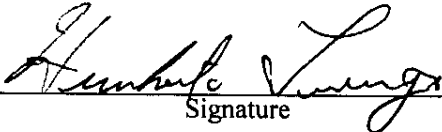
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

HUMBERTO LUENGO

10912 NW 67 ST

DORAL, FL 33178

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

03/10/2014

Printed Name

FILING FEE: \$25.00

FILED
MAR 10 2014
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA