

LI3 000058297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 15 2024

Office Use Only



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03/25/24 -01023--004 *\$25.00

FILED
2024 MAR 25 AM 11:54
MAR 25 2024
MAR 25 2024
MAR 25 2024



COLEMAN YOVANOVICH KOESTER

4001 Tamiami Trail North, Suite 300
Naples, Florida 34103

T 239.435.3535 F 239.435.1218

Writer's Email:

wburke@cyklawfirm.com

March 19, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Capri Fluid Power LLC*

Dear Division of Corporations:

Enclosed for filing are the following documents:

1. Articles of Dissolution for a Limited Liability Company.
2. Notice of Limited Liability Company Dissolution.

Please file the above documents with the Florida Division of Corporations and return filed copies to me in the self-addressed stamped envelope enclosed. Also enclosed is our firm check in the amount of \$25.00, for the filing fee.

Thank you for your assistance.

Sincerely,

COLEMAN, YOVANOVICH & KOESTER, P.A.

William M. Burke

WMB/lf
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capri Fluid Power 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:

William M. Burke
(Name of Person)

Coleman, Yovanovich & Koester
(Firm/Company)

4001 Tamiami Trl N Ste 300
(Address)

Naples, FL 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Burke at (239) 435-3535
(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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

FILED
2014 MAR 25 AM 11:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Capri Fluid Power LLC

2. The Articles of Organization were filed on April 22, 2013 and assigned

document number L13000058297

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).

A majority in interest of the Members of the Company have consented that the Company should be terminated

and dissolved.

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

Michael Fitzsimmons

Printed Name

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: Capri Fluid Power LLC

Document number of Limited Liability Company is: L13000058297

Date of dissolution was: _____

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

Printed Name of the Person Filing

Signature of the Person Filing

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
MAR 25 AM 11:55
STATE OF FLORIDA

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