13000176317

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	•
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addross)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Rusiness Entity Name)
Certified Copies Certificates of Status	(Busiless Efficy Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
~· \	· ,
Sidvozna	Didvoznic

Office Use Only



600407795756

05/08/23--01043--006 **100.00

ELVENTED SECRETARY OF SIZE

JUN 2 8 2023 D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations		
CO COLE VENTURE LLC		
SUBJECT:	imited Liability Cor	mpany
The enclosed Statement of Revocation of Dissoluti submitted for filing.	on for Florida Limi	ted Liability Company and fee(s) are
Please return all correspondence concerning this m	atter fo:	
Karen Perron		
Contact Person		-
CG GOLF VENTURE, LLC		
Firm/Company		2023 FA
200 S Andrews Avenue Suite 402		2023 JUH 28 PM 12: 09 SECRETARY DES LATE TALL ATRESSES EL
Address		- - 28 - 28
Fort Lauderdale, FL 33301		
City, State and Zip Code		90 m
karenp@maverickfl.com		_
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, plea	ase call:	
Karen Perron	305 at (3987574
Name of Contact Person	Area Code	Daytime Telephone Number
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
rananassee. FL 32314		Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	CG GOLF VENTURE, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on (14/25/2023)
5.	28 g
	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of discolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CG GOLF VENTURE, LLC

.

The document number of the limited liability company: L13000176217

The file date of the articles of organization: December 23, 2013

A description of occurance that resulted in the limited liability company's dissolution:

SALE OF PROPERTY

The name and address of the person appointed to wind up the company's activities and affairs:

ROBERT WOLF 4706 18TH AVE BROOKLYN, NY 11204 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ROBERT WOLF

Electronic Signature of authorized person