

L130017917
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Yvonne Mendez
Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321)727-8100
Fax Number : (321)984-4122

**LLC DISSOLUTION OR WITHDRAWAL
C SQUARED FAMILY, LLC**

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

2018 SEP 19 PM 1:33

FILED
18 SEP 19 PM 12:33
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
C Squared Family, LLC

2. The Articles of Organization were filed on December 30, 2013 and assigned
document number L13000177917

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).
The consent of all members of the Company

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:

Charles E. Quinby
Signature

Charles E. Quinby

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: C Squared Family, LLC

Document number of Limited Liability Company is: L13000177917

Date of dissolution was: upon filing of Articles of Dissolution

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

1. Name, address, telephone number, fax number and email address of claimant.
2. Amount of claim.
3. If founded on contract or other written instrument, a copy of instrument.
4. Any invoices supporting claim.
5. If founded upon tort, describe facts giving rise to claim.

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

Charles E. Quinby

3223 S. Atlantic Avenue, Unit 405

Cocoa Beach, Florida 32931

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.

Charles E. Quinby

Printed Name of the Person Filing

Charles E. Quinby

Signature of the Person Filing

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