L14000 0 26047

(Requestor's Name)		
(Address)	400287774374	
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)	07/12/1601001030 **25.88	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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JUNI 2 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

Cape Coral Canopy 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:

Patrick Sammet	
(Name of Person)	
Cape Coral Canopy LLC	
(Firm/Company)	
2634 NE 9th Ave Unit 19	
(Address)	
Cape Coral, FL 33990	ment to the second seco
(City/State and Zip Code)	

For further information concerning this matter, please call:

at (239 313-7166	
(Area Code & Daytime Telephone Number)	
☐ \$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		
	Cape Coral Canopy LLC		·
2.	The Articles of Organization were filed on 02/14/2014	and assigned	
	document number L14000026047		
3.	The delayed effective date the dissolution if not effective on the date of filing:	06/30/2016	
	(effective date cannot be prior to or more than 90 days later than date do Note: If the date inserted in this block does not meet the applicable statutory filing requisited as the document's effective date on the Department of State's records.	cument is received for i	iling) vill not
4.	A description of occurrence that resulted in the limited liability company's diss 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	olution pursuant to	section
	Company has merged with another company so Cape Coral Canopy LLC will become i	nactive.	
			<u>.</u>
		;	V.3
5.	If there are no members, enter the name and address of the person appointed to	wind up the compa	ny' <u>s</u>
	activities and affairs:		<u> </u>

		<u></u>	
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5. lísi	Signature of an authorized person or if there are no members, the signature of the above to wind up the company's activities and affairs:	ne person appointed	and
	1.1.001 A		
	Harick Summer Patrick Sammer		
	Signature Printed N	ame	
	FILING FEE: \$25.00		