

(((H22000156302 3)))



H220001563023ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

14154847068

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)214-8442

## LLC DISSOLUTION OR WITHDRAWAL THIRD LAKE CAPITAL NAPLES MANAGER, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

MAY - 0 2022

M. SOLOMON

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 4

| 1.        | The name of the limited liability of  | The name of the limited liability company is Third Lake Capital Naples Manager, LLC.               |             |                |  |  |
|-----------|---|--|-------------|----------------|--|--|
| 2.        | . The Articles of Organization were filed on March 3, 2014 and assigned document number L14000035767. |  |             |                |  |  |
| 3.        | . The delayed effective date of the dissolution if not effective on the date of filing:               |  |             |                |  |  |
| 4.        | A description of occurrence that re 605.0707, Florida Statutes.                                       | esulted in the limited liability company's dissolution pursuant to section                         | nc          |                |  |  |
|           | The liquidation and dissolution was approved by the sole manager.                                     |  |             |                |  |  |
|           |   |  |             |                |  |  |
|           |   |  |             |                |  |  |
|           |   |  |             | 202            |  |  |
| 5.        | If there are no members, enter the activities and affairs:  | name and address of the person appointed to wind up the company's                                  | ## TES      | 2 APR 2        |  |  |
|           |   | Robert S. Forsythe   |             | 9 PH           |  |  |
|           |   | 1600 E. 8th Ave. Ste A210, Tampa, Florida 33605  |             | မှ<br><u>သ</u> |  |  |
|           |   | ·  | <del></del> |                |  |  |
|           |   |  | <u> </u>    |                |  |  |
| 6.<br>lis | Signature of an authorized peted above to wind up the company   | erson or if there are no members, the signature of the person appointed is activities and affairs: | and         |                |  |  |
| <u>c:</u> | Pol A. fr   | Robert S. Forsythe   | <del></del> | -              |  |  |

## 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:   | Capital Naples Manager, LLC   |  |  |  |
|--|---|--|--|--|
| Document number of Limited Liability Company is:   |   |  |  |  |
| Date of dissolution was:   |   |  |  |  |
| Description of information that must be included in a written claim:   |   |  |  |  |
| Name of claimants, date of claim, event giving rise to   | the claim, amount claimed, and name, address and                    |  |  |  |
| telephone number to whom the company should reply  | regarding the claim.  |  |  |  |
|  | 12.<br>27. 3  |  |  |  |
|  | 25 C  |  |  |  |
| Mailing address where claims can be sent: (Claims can  |   |  |  |  |
| Robert S. Forsythe   |   |  |  |  |
| 1600 E. 8th Ave. Ste A210, Tampa, FL 3360  | 5   |  |  |  |
| A claim against the above named limited liability comclaim is commenced within 4 years after the filing of t | pany will be barred unless a proceeding to enforce the this notice. |  |  |  |
| Printed Name of the Person Filing  | Signature of the Person Filing                                      |  |  |  |