

L14000063263

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**LLC DISSOLUTION OR WITHDRAWAL
CPI NAPLES III LLC**

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

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPI Naples III 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:

J. Schroeder

(Name of Person)

CT/NRAI Houston

(Firm/Company)

1021 Main Street, Suite 1150

(Address)

Houston, TX 77002

(City/State and Zip Code)

For further information concerning this matter, please call:

Joy Schroeder

(Name of Person)

713

332-3793

at

(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/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

CPI Naples III LLC

2. The Articles of Organization were filed on 04/17/2014 and assigned

document number L14000063263

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)

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).

No business was conducted.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Peter O. Hanson

235 Moore Street, Suite 300

Hackensack, NJ 07601

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

Peter O. Hanson, Manager of SPC Associates, L.L.C., Manager

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA