

L14000091555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

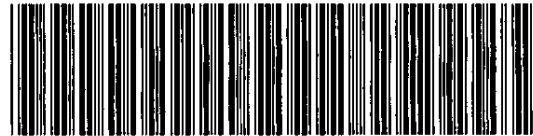
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 MAY - 8 AM 9:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 10 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVT-RUM BUM 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:

Ira Cohen, Esq.

(Name of Person)

Henkel & Cohen, P.A.

(Firm/Company)

7480 S.W. 40th Street, Suite 450, Miami, FL 33155

(Address)

Miami, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Ira Cohen, Esq.

(Name of Person)

at (305) 971-9474

(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

CVT-RUM BUM LLC

2. The Articles of Organization were filed on April 22, 2015 and assigned

document number L14000091555

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).

Unanimous written consent of Managers/Members

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

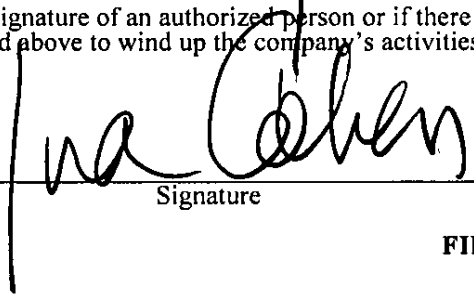
Ira Cohen, Esq.

Henkel & Cohen, P.A.

7480 S.W. 40th Street, Suite 450

Miami, FL 33155

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

Ira Cohen, Esq.

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA

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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: CVT-RUM BUM LLC

Document number of Limited Liability Company is: L14000091555

Date of dissolution was: April 13, 2017

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

Name and address of Claimant; nature of claim; basis for
claim; amount of damages sought; other redress sought;
contact information (tel. & e-mail); date of occurrence or
event; proofs or supporting evidence attached.

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

Ira Cohen, Esq.

Henkel & Cohen, P.A.

7480 S.W. 40th Street, Suite 450

Miami, FL 33155

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.

Ira Cohen, Esq.

Printed Name of the Person Filing

Signature of the Person Filing

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**UNANIMOUS WRITTEN CONSENT
OF MANAGERS/MEMBERS OF
CVT-RUM BUM LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, Managers/Members of CVT-RUM BUM LLC (the "Company"), hereby adopt the following written consent.

WHEREAS, the Managers/Members signing this consent are the holders of all of the shares entitled to vote at the Company's meetings and on the following resolutions; and

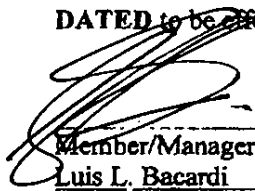
WHEREAS, the undersigned desire to execute a written consent in lieu of formally holding a Managers'/Members' meeting and agree that the adoption of the following resolutions shall be valid and have the same force and effect as though such resolutions had been adopted at a formal Managers'/Member's meeting; therefore, be it:

RESOLVED, that CVT-RUM BUM LLC, a Florida limited liability company, be dissolved, by the filing of appropriate papers with the State of Florida, said dissolution to be effective upon filing.

RESOLVED, that this written consent shall have the same force and effect as a formal Managers'/Members' meeting for all purposes.

The undersigned direct that this written consent may be executed in multiple counterparts, all of which shall be considered originals and that this written consent, including multiple counterparts, be filed with the minutes of the proceedings of the Company.


DATED to be effective on April 13, 2017.



Member/Manager Signature

Luis L. Bacardi

Member/Manager Printed Name



Member/Manager Signature

Egon Stephan, Jr.

Member/Manager Printed Name

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

WAIVER OF NOTICE AND CONSENT

The undersigned, by signing this Unanimous Written Consent of Managers, hereby waives notice of the time and place of any meeting, consents to disposing of the need for a meeting, and approves the contents of this written consent.



Member/Manager Signature

Luis L. Bacardi

Member/Manager Printed Name

April 12, 2017

Date Signed



Member/Manager Signature

Egon Stephan, Jr.

Member/Manager Printed Name

April 12, 2017

Date Signed

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**