140000999976

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		
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Office Use Only



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S, YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

CMG HOMES 3525 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:

OSCAR A GARCIA	= TAI
(Name of Person)	6 AUG -8
(Firm/Company)	
255 UNIVERSITY DRIVE	PHIS:
(Address)	
CORAL GABLES FL 33134	,,

For further information concerning this matter, please call:

OSCAR A GARCIA

_,305

(City/State and Zip Code)

665-1250

(Name of Person)

(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

The name of a limited liability company is CMG HOMES 3525 LLC	
2. The Articles of Organization were filed on 06/23/20	014 and assigned
document number L14000099976	·
3. The delayed effective date the dissolution if not eff (effective date cannot be prior to or m Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department.	he applicable statutory filing requirements, this date will not be
 A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back 	nited liability company's dissolution pursuant to section k cover letter).
PROPERTY SOLD	AUG -8
	PM 12:
5. If there are no members, enter the name and addres activities and affairs:	ss of the person appointed to wind up the company's
· 	
6. Signature of an authorized person or if there are no listed above to wind up the company's activities and a	o members, the signature of the person appointed and affairs:
A.	OSCA A. GARCIA
Signature	Printed Name FEE: \$25.00