

L14000130415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

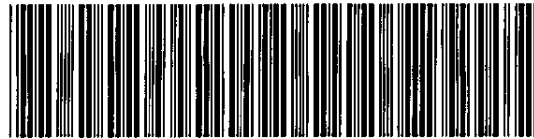
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300310583053

FILED

18 MAR 20 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2018 MAR 20 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAR 21 2018

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 3/20/2018

Acc#I20160000072



Name:	CG SUMMER INVESTMENTS HOLDINGS, LLC
Document #:	L14000130415
Order #:	10890672

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 50

Thank you!

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**  
18 MAR 20 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: CG Summer Investments Holdings, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000130415

**THIRD:** Document to be corrected is: Dissolution Online Filing

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The dissolution effective date should have been March 19, 2018.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☒ The electronic transmission of the record was defective.

John M. May  
Signature of Authorized Representative

3/19/18  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:                      \$25.00**  
**Certified Copy:                \$30.00 (optional)**

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CG SUMMER INVESTMENTS HOLDINGS, LLC

The document number of the limited liability company: L14000130415

The file date of the articles of organization: August 19, 2014

A description of occurrence that resulted in the limited liability company's dissolution:

THE CONSENT OF THE MEMBERS AND MANAGER AS OF MARCH 16, 2018.

The name and address of the person appointed to wind up the company's activities and affairs:

DAVID MARTIN  
2655 S. BAYSHORE DR, SUITE 1020  
COCONUT GROVE, FL 33133

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DAVID MARTIN

---

Electronic Signature of authorized person