

L 14000146842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

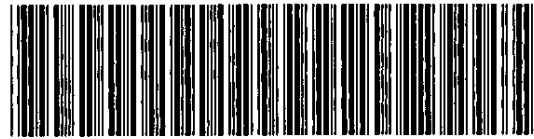
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAR 23 AM 10:52

MAR 24 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cave Island Ventures, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Kane

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

18242 Via Caprini Drive

\_\_\_\_\_  
Address

Ft. Myers, FL 33913

\_\_\_\_\_  
City/State and Zip Code

jackakane@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Kane

\_\_\_\_\_  
Name of Person

at ( 802 ) 999-6769

\_\_\_\_\_  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

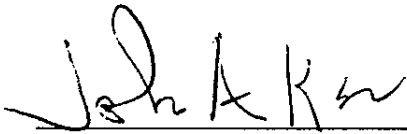
**FIRST:** The name of the limited liability company is: Cave Island Ventures, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000146842

**THIRD:** The date of filing of the initial articles of organization is: September 15, 2014

**FOURTH:** The date of filing of the dissolution is: Simultaneously with filing this Statement

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

John A. Kane

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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DIVISION OF CORPORATE REGISTRATION  
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