Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 ARY OF STATE

LLC DISSOLUTION OR WITHDRAWAL CALIBER NORFOLK, LLC

Certificate of Status ,	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

18 PH L: 17

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Corporate Filing Menu

Help

COVER LETTER

UBJECT:	Caliber Norfolk, LLC (Name of Limited Liability Company)		
he enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.	
loase return r	all correspondence concerning this matter to	the following:	
	Jessica D'Emidio		
(Name of Person)			
	Caliber Capital, LLC		
(Firm/Company)		n/Company)	
	PO Box 19154		
	(Address)	
	Atlanta, GA 31126		
	(City/Sta	tle and Zip Code)	
or further ini	formation concerning this matter, please call:		
Jessi	ca D'Emidio	404 832-1252 at ()	
	(Name of Person)	(Aren Code & Daytime Telephone Number)	
nclosed is a cl	neck for the following amount;		
S25.00 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	
	CALIBER NORFOLK, LLC	
2.	The Articles of Organization were filed on 01/08/2015 and assigned document number L15000004642	
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). The cessation of business activity in the state of Florida.	15 SEP 18 AM 8:
6.		33 5
	Jessica D'Emidio	
==	Signature Printed Name	

FILING FEE: \$25.00

9/18/2015 2:42:43 PM From: To: 8506176383(7/8)

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:				
Date of dissolution was:				
	>			
	SS AS			
Mailing address where claims can be sent: (Claims canno	er er er			
^				
·				
A claim against the above named limited liability compar claim is commenced within 4 years after the filing of this				
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