

L1500004659
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

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

Please retain original filing date of submission 9/18

**LLC DISSOLUTION OR WITHDRAWAL
CALIBER HUNTSVILLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	0465
Estimated Charge	\$25.00

Attn: Jenna D. Harris

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15 SEP 21 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 SEP 17 PM 12:40
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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SEP 22 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALIBER HUNTSVILLE, 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:

Jessica D'Emidio

(Name of Person)

Caliber Capital, LLC

(Firm/Company)

PO Box 19154

(Address)

Atlanta, GA 31126

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica D'Emidio

(Name of Person)

404

832-1252

at ()

(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



September 21, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CALIBER HUNTSVILLE, LLC
3384 PEACHTREE ROAD NE
650
ATLANTA, GA 30326

SUBJECT: CALIBER HUNTSVILLE, LLC
REF: L15000004659

FILED
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000225391
Letter Number: 715A00019810

RE-SUBMIT

Please retain original filing
date of submission 9/18

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15 SEP 21 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Caliber Huntsville, LLC

2. The Articles of Organization were filed on 01/08/2015 and assigned

document number L1500004659

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.

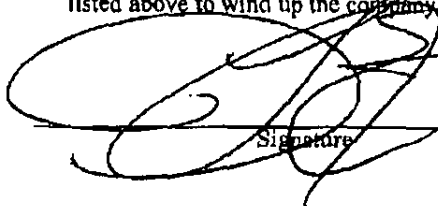
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

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

PO Box 19154

Atlanta, GA 31126

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:



Jessica D'Emidio

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

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

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.

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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