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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: RING, BENDER, MCKOWN & CASTILLO, LLLP

Account Number : I20120000014

: (786)235-2030

Phone Fax Number

: (786)703-1481

LLC DISSOLUTION OR WITHDRAWAL NAPLES CAPITAL PARTNERS LLC

2016 JAN 15 AM 9: 44 Secretary of State Allahassee, floriom

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

16 JAN 15 AN 7:12 SUCRETARY OF JANE

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 19 2016

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COVER LETTER

то:	Registration Section Division of Corporations						
SHDIE		ITAL PARTNER	SLLC				
SUBJE	SUBJECT:(Name of Limited Liability Company)						
The end	losed Articles of Dissolution and fee(s) are submit	ted for filing.					
Please r	eturn all correspondence concerning this matter to	the following:					
	Aaron M. McKown						
	(Name of Person)						
		··-					
	(Firm/Company)						
	1 Alhambra Plaza, Suite 620						
		(Address)	00477				
	Coral Gables, FL 33177						
	(Cny/Str	ite and Zip Code)					
For further information concerning this matter, please call:							
	Aaron M. McKown	_{st} 786	, 235-2030				
	(Name of Person)	(Area Co	de & Daytime Telephone Number)				
Enclosed	is a check for the following amount:						
	\$25.00 Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolution & py (additional copy is enclosed)				
	MAILING ADDRESS:	STRE	EET/COURIER ADDRESS:				
	Registration Section Division of Corporations	_	tration Section on of Corporations				
	P.O. Box 6327		n Building				
	Tallahassee, FL 32314	2661	Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited I	• • •			 ·
2. The Articles of Organiz	ation were filed on	4/1/2015	and assigned	
document number L150	00057547			
Note: If the date inserted	ate the dissolution if not elective date cannot be prior to or a fin this block does not meet the effective date on the Departm	the applicable statutory fi	filing: 1/14/2015 date document is received for fil ling requirements, this date w	ling) ill not be
A description of occurre 605.0707, Florida Statut	ence that resulted in the lires, (copy 605.0707 on bac	nited liability company k cover letter).	's dissolution pursuant to	section
Business transaction was r	• • • •			
. If there are no members activities and affairs:	, enter the name and addre Aaron M. McKown	ss of the person appoir	nted to wind up the compar	ny's
	1 Alhambra Plaza, Sui	te 620		<i>(c_</i>
	Coral Gables, FL 331	34	32	TO JAN
			SS	5
. Signature of an authorize sted above to wind up the	ed person or if there are no company's activities and	o members, the signatu affairs:	re of the person appointed	and
asselve		Aaron	M. McKown	<u></u>
Signatur	e	Pr.	inted Name	-

FILING FEE: \$25.00

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: NAPLES CAPITAL PAR	TNERS LLC
Document number of Limited Liability Company is: L1500005	7 547
Date of dissolution was: 1/14/2015	
Description of information that must be included in a written claim:	:
BUSINESS TRANSACTION WAS NOT EFFECT	IVE.
Mailing address where claims can be sent: (Claims cannot be sent to	o the Division of Corporations)
Aaron M. McKown	
1 Alhambra Plaza, Suite 620	
Coral Gables, FL 33134	
	STATE ORDE
A claim against the above named limited liability company will be t claim is commenced within 4 years after the filing of this notice.	parred unless a proceeding to enforce the
Aaron M. McKown	andell
Printed Name of the Person Filing	Signature of the Person Filing