

L15000190079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

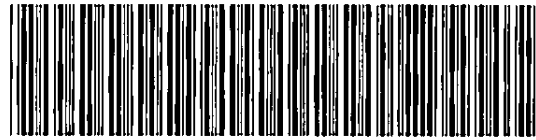
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE CLERK OF THE SUPREME COURT

CLERK OF THE SUPREME COURT
STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAY 12 PM 4: 24 2023 MAY 12 PM 4: 37

FILED

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>Capital leasing 121, LLC</u>	FOR OFFICE USE ONLY
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PICK ONE:

CERTIFIED COPY PHOTOCOPY C.U.S.

FILING:

CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP
 FICTTIOUS NAME SERVICEMARK/TRADEMARK AMENDMENT
 FOREIGN QUALIFICATION JUDGMENT LIEN
 OTHER LLC Dissolution

RETRIEVAL:

GOOD STANDING CERT/C.U.S. CERTIFIED COPY PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 5/12/23 TIME _____

Notes: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
CAPITAL LEASING 121, LLC

2. The Articles of Organization were filed on 11/12/2015 and assigned
document number L15000190079

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 company has seized operations

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

202 Spinnaker Drive

Vero Beach, Florida 32963

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:

/s/ William Barrows

Signature

William Barrows

Printed Name

FILING FEE: \$25.00