

L/6000019739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

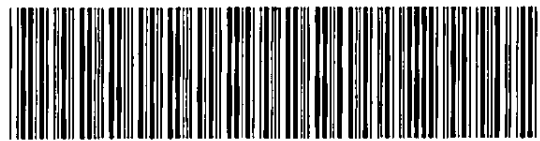
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BY: _____

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2023 APR 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC

VD

5/18/23

DL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Attached LLC Articles of Dissolution

(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:

Sandy Higgins

(Name of Person)

Capstone Financial Advisors, Inc.

(Firm/Company)

2001 Butterfield Road, Suite 1750

(Address)

Downers Grove, IL 60515

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandy Higgins

630

743-2268

at (_____) _____

(Name of Person)

(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)

For 8 attached entities

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FEB - 7 2023

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

1. The name of a limited liability company is

CR 45 ST, LLC

2. The Articles of Organization were filed on 1/28/2016 and assigned

document number L16000019739

3. The delayed effective date the dissolution if not effective on the date of filing: 1/26/2023
(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).

Past disposition of LLC property with termination of business activity

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

activities and affairs:

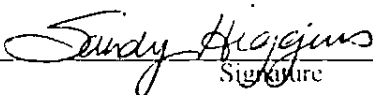
Sandy Higgins

Capstone Financial Advisors, Inc.

PO Box 4331

Lisle, IL 60532

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:


Signature

Sandy Higgins

Printed Name

FILING FEE: \$25.00

2023 APR 12 PM 12:45
STATE OF FLORIDA
TALLAHASSEE

FILED