

LIL 0000 29751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

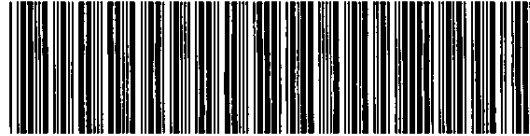
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



200287078322

06/24/16--01017--002 **35.00

16 JUL 18 AM 7:47
STREET TOWN OF STATE
TALLAHASSEE, FLORIDA

20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2016

SAM SKY
8951 BONITA BEACH RD SUITE 525-353
BONITA SPRINGS, FL 34135

SUBJECT: CLA FINANCE, LLC
Ref. Number: L16000029751

We have received your document for CLA FINANCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 416A00013778

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: L 16 0000 29751

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Sky
(Name of Contact Person)
CLA Finance LLC
(Firm/Company)
8951 Bonita Beach Rd Suite 505-353
(Address)
Bonita Springs FL 34135
(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Sky at (772) 321-4321
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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

CLA Finance LLC

2. The Articles of Organization were filed on _____ and assigned

document number L 16 0000 29751

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).

A proper notice (in accordance with the LLC
Operating Agreement) was given for the meeting
to have a dissolution of the Corporation. the

meeting was held, there was a vote called, + the
vote was unanimously to have the dissolution of

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

activities and affairs:

the corporation.

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

Printed 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: CLA Finance LLC

Document number of Limited Liability Company is: L 16 0000 29751

Date of dissolution was: 06-21-2016

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

A copy of the Agreement and/or invoice,
description of product(s) and/or service(s),
and all relevant dates and proof of
authorization(s).

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

8951 Bonita Beach Rd SE

STE 525-353

Bonita Springs, FL 34135

16 JUL 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Sam Stry
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing