# 1160000 73645

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MAR 23 2019 S. YOUNG

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#### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: CDM TAMPA, 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:

WANDA ROSELLA	
(Name of Person)	
(Firm/Company)	<del></del>
301 STATE ROUTE 10	
(Address)	
WHIPPANY, NJ 07981	

(City/State and Zip Code)

For further information concerning this matter, please call:

WANDA ROSELLA

. 973

884-9555

(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)

#### 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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability co	ompany is	
CDM TAMPA, LLC	,	
2. The Articles of Organization we	re filed on 4/13/2016 and assigned	
document number L16000073645		
(effective date of Note: If the date inserted in this bl	ssolution if not effective on the date of filing:  cannot be prior to or more than 90 days later than date document is received for filing)  ook does not meet the applicable statutory filing requirements, this date will not be ate on the Department of State's records.	
4. A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited liability company's dissolution pursuant to section 605.0707 on back cover letter).	
CDM TAMPA, LLC WAS WHOLI	Y ACQUIRED AND MERGED WITH ITS SOLE OWNER ON	
JANUARY 12, 2018.		
• • • • • • • • • • • • • • • • • • • •	19	
5. If there are no members, enter the activities and affairs:	e name and address of the person appointed to wind up the company's	FILE
		PM ' <b>↓:</b> 26
6. Signature of an authorized perso listed above to wind up the compan	n or if there are no members, the signature of the person appointed and y's activities and affairs:	
Warda Rosel		
Signature	Printed Name	

FILING FEE: \$25.00