116000114559

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COVER LETTER

TO:	Registration Section Division of Corporations		
SHRI	CPI Manager, LLC		
3013	(Name of Lin	nited Liability Company)	
	nclosed Articles of Dissolution and fee(s) are subnerecturn all correspondence concerning this matter	-	
	Max Mazzone		
	(8)	Name of Person)	
	Gulfshore Capital Partners, LLC		
(Firm/Company)		Firm/Company)	
	2338 Immokalee Road, PMB 149		
	(Address)		
	Naples, FL 34110		
	(City/	State and Zip Code)	
For fu	rther information concerning this matter, please co	all:	
	Max Mazzone	239 280-8691 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclos	ed 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is CPI Manager LLC
2.	The Articles of Organization were filed on and assigned and assigned
	document number L16000114559
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.
	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).
	Purpose of the LLC has been completed.
	Purpose of the LLC has been completed. Purpose of the LLC has been completed.
	Purpose of the LLC has been completed.
	TOP A
5.	If there are no members, enter the name and address of the person appointed to wind up the company so activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
_	Max Mazzone
	Signature Printed Name

FILING FEE: \$25.00