

L16000123093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

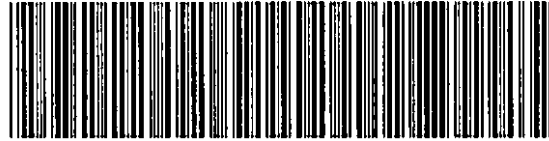
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700393795357

08/06/22--01029--010 **25.00

2022 SEP -6 PM 1:00
CLERK

Dissolution

SEP 2 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUMBERLAND SERVICES TWO 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:

OLIVIE OGUN
(Name of Person)

CUMBERLAND SERVICES TWO LLC
(Firm/Company)

9714 PROVENCE AVENUE
(Address)

SEFFNER FL 33584
(City/State and Zip Code)

For further information concerning this matter, please call:

OLIVIE OGUN
(Name of Person)

at (813) 910 6815
(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 Address:

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

2022 SEP -5 PM 1:03

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

1. The name of a limited liability company is

CLIMBERLAND SERVICES TWO LLC

2. The Articles of Organization were filed on 06/27/2016 and assigned

document number L16000123093

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).

MEETING OF MEMBERS TO AGREE TO DISSOLVE ENTITY

08/18/2022

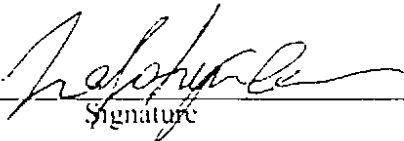
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: OLAJIDE OGUN

2206 KENDALL SPRINGS CT

202

BRANDON FL 33510

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

OLAJIDE OGUN
Printed Name

FILING FEE: \$25.00