

L16 000 145 103

(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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2020 JUN 15 AM 8:53

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And DISC

JUL 11 2020
ALBANY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ CENTERSTATE Funding, 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:

Peggie Maureau
(Name of Person)

Cahill Construction Company
(Firm/Company)

2265 LEE RD, Suite 105A
(Address)

Winter Park, FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Peggie Maureau at (407) 422-0733
(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 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

2020 JUN 15 AM 8:53

1. The name of a limited liability company is

CENTER STATE FUNDING, LLC

2. The Articles of Organization were filed on 8/3/2016 and assigned

document number L16 000145103

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).

INACTIVATED

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

PEGGIE MAURCAN

2265 LEE RD #1054

WINTER PARK FL 32789

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:

Peggie Maurcan
Signature

Peggie Maurcan
Printed Name

FILING FEE: \$25.00