

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

416000193775

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941)639-1158
Fax Number : (941)639-0028

LLC DISSOLUTION OR WITHDRAWAL
CMBG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS
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Staircloth@farr.com

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AND
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Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMBG, 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:

ROGER H. MILLER III, ESQ.

(Name of Person)

FARR LAW FIRM

(Firm/Company)

99 NESBIT ST

(Address)

PUNTA GORDA, FL 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

ROGER H. MILLER III

(Name of Person)

941

639-1158

at

(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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

CMBG, LLC

2. The Articles of Organization were filed on
- 10/20/16
- and assigned

document number L16000193773

3. The delayed effective date the dissolution if not effective on the date of filing:
- 4/29/22

(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).

ALL MEMEBERS APPROVED THE DISSOLUTION.ALL MEMEBERS APPROVED THE DISSOLUTION.ALL MEMEBERS APPROVED THE DISSOLUTION.

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

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

MARTIN GUFFEY

Printed Name

FILING FEE: \$25.00

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AND
FILED

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