

L17000164141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

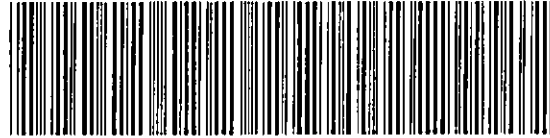
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 FEB 28 AM 8:15
2020 FEB 26 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 04 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

March 2, 2020

CSC

SUBJECT: CABANA CLUB AUTO LLC
Ref. Number: L17000164141

We have received your document for CABANA CLUB AUTO LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list address of the person appointed to wind up company's affairs.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 420A00004511

2020 03 03 10:30:00

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 195855 8113042

AUTHORIZATION :

COST LIMIT : (\$ 25.00)

ORDER DATE : February 27, 2020

ORDER TIME : 11:15 AM

ORDER NO. : 195855-005

CUSTOMER NO: 8113042

DOMESTIC FILINGS

NAME: CABANA CLUB AUTO LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABANA CLUB AUTO 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:

Hanna Jamar

(Name of Person)

Lincoln Avenue Capital

(Firm/Company)

680 5th Avenue 17th floor

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

Hanna Jamar

(Name of Person)

at (646) 585-5527

(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

