117000/64141

(Requestor's Name)				
(Addi	ess)			
(Addr	ess)			
(City/s	State/Zip/Phon	ne #)		
PICK-UP	MAIT	MAIL		
(Busin	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fil	ing Officer:			





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> O SIMMONS MAR 0 4 2020



Letter Number: 420A00004511

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 compamny'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

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

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Phone: 850-55	58-1500			
	ACCOUNT NO.	: 12000000	0195	
	REFERENCE	: 195855	8113042	
	AUTHORIZATION	Soull of	ena	
	COST LIMIT	: (\$ 25,.00	- Mas	
ORDER DATE :	February 27, 202	0		
ORDER TIME :	11:15 AM			
ORDER NO. :	195855-005			
CUSTOMER NO:	8113042			
	DOMESTIC F	ILINGS		
NAME:	CABANA CLUB A	UTO LLC		

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	_{at} 646 585-5527
(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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited				
CABANA CLUB AUTO	LLC		-	 .
2. The Articles of Organi	zation were filed on $\frac{08/6}{2}$	01/2017	and assigned	
document number L17	000164141			
Note: If the date inserte	ective date cannot be prior to	or more than 90 days later (eet the applicable statutor	han date document is received y filing requirements, this d	
4. A description of occur	ence that resulted in the tes, (copy 605.0707 on l	limited liability comp	any`s dissolution pursua	nt to section
Business Closure	nes, (copy 603.0707 on	oack cover letter).	-	2020 3990
 				
			1	, 5
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				<u> </u>
				2 .
5. If there are no member activities and affairs:		dress of the person app	pointed to wind up the co	mpany's
	201 Santa Moni	ca Blvd Ste 550		
	Santa Monica, C	CA 90401		
Signature of an authori listed above to wind up th	zed person or if there ar e company's activities a	e no members, the sign nd affairs:	nature of the person appo	inted and
/s/ Hanna Jo Signatu		Hanna Jamar	Diam I Nove	
Signatu	II C		Printed Name	

FILING FEE: \$25.00