

L18000208693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

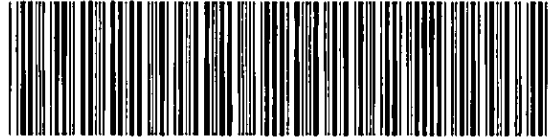
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700386375297

2022 APR 25 AM 9:31

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 25 AM 11:01

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 04/28/2022
Acc#|20160000072

en: c DW

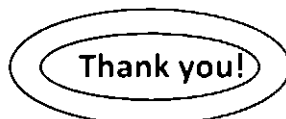
Name:	CDP E-Town Owner, LLC
Document #:	
Order #:	14282908 - 17

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDP E-Town Owner, LLC

DOCUMENT NUMBER: L18000208693

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Stoffer

(Name of Contact Person)

Nelson Mullins Riley & Scarborough, LLP

(Firm/Company)

201 17th Street NW, Suite 1700

(Address)

Atlanta, GA 30363

(City/State and Zip Code)

For further information concerning this matter, please call:

Jack Stoffer

(Name of Contact Person)

at (⁴⁰⁴)

(Area Code)

322-6652

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$60 Filing Fee,
Certificate of Status & 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

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CDP E-Town Owner, LLC

Document number of Limited Liability Company is: L18000208693

Date of dissolution was: April 20th, 2022

Description of information that must be included in a written claim:

The request must contain the following information: (a) name and address of the claimant; (b) telephone number
(including area code) where claimant may be contacted during normal business hours concerning the claim; (c)
description and amount of the claim; (d) the date(s) the transaction or events giving rise to the claim arose or
occured; and (e) any other pertinent information and documentation concerning the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

880 Glenwood Avenue SE

Suite H

Atlanta, GA 30316

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rob Meyer, Manager of the Former Sole Member

Printed Name of the Person Filing

DocuSigned by:

Rob Meyer

3A3E8D17175843D

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00