

L18000232714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

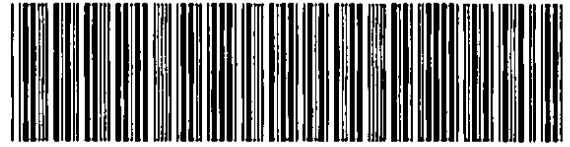
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/20/21--0019--011 --\$5.00

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2021 DEC 20 PM 4:40  
SECRETARY OF STATE  
RAIL AVENUE  
MTL

*Dissolution*

DEC 28 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C + D Storage, 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:

Christy A. Yonta  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

701 NW Federal Hwy, Ste 201  
(Address)

Stuart, FL 34994  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christy A. Yonta at (772) 349-4923  
(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

FILED  
DEC 20 PM 4:40  
TALLAHASSEE, FL  
SECRETARY OF STATE

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

FILED  
2021 DEC 20 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2021 DEC 20 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The Name of the limited liability company is: C & D STORAGE, LLC.
2. The Articles of Organization were filed on October 2, 2018 and assigned document number L18000232714.
3. The delayed effective date the dissolution if not effective on the date of filing:  
\_\_\_\_\_.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes: All managers have consented to the dissolution and have signed these articles.
5. The names and addresses of the managers of the limited liability company are:

Name

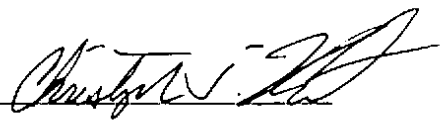
Address

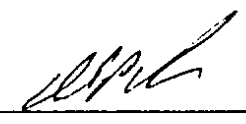
Christopher J. Kost

2740 SW Martin Downs Blvd, #56  
Palm City, FL 34990

David Volker

2740 SW Martin Downs Blvd, #56  
Palm City, FL 34990

  
\_\_\_\_\_  
Christopher J. Kost, Manager

  
\_\_\_\_\_  
David Volker, Manager