

L18000281846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

rtified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer:

Office Use Only



600359278746

REC'D
2021 FEB 26 AM 8:04
CLERK OF STATE
TALLAHASSEE, FL

2021 FEB 26 PM 4:14

FEB 26 2021

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/24/2021

NAME: CWA FGI SPECIAL OPPORTUNITIES FUND II GP, LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CWA FGI Special Opportunities Fund II GP, 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:

Jennifer Earney

(Name of Person)

c/o Agile Legal

(Firm/Company)

651 N. Broad Street, Suite 308

(Address)

Middletown, DE 19709

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Earney

302

376-6710

at (_____) _____

(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:

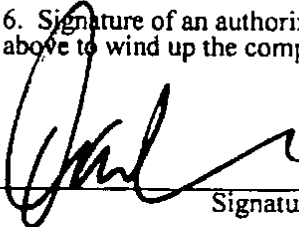
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is CWA FGI Special Opportunities Fund II GP, LLC
2. The Articles of Organization were filed on 12/05/2018 and assigned
document number L18000281846
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
605.0701 The filing of a statement of administrative dissolution by the department

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

Daniel Kyle Cerminara

Printed Name

FILING FEE: \$25.00

2011-12-05 11:08:04
STATE
FILING

FILED