

L19000213585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

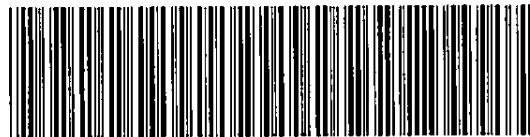
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700424289077

FILED

2024 MAR 15 AM 8:32

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 15 PM 4:29

TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 366016 7385264

AUTHORIZATION

COST LIMIT : \$ 25.0

ORDER DATE : March 15, 2024

ORDER TIME : 2:19 PM

ORDER NO. : 366016-025

CUSTOMER NO: 7385264

DOMESTIC FILINGS

NAME: CJM/1100, 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: Shauna Godbolt - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJM/1100 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:

Marina Alves

(Name of Person)

Ogden CAP Properties, LLC

(Firm/Company)

545 Madison Avenue, 6th Floor

(Address)

New York, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Marina Alves

(Name of Person)

212

339-2109

at ()

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2024

CSC

SUBJECT: CJM/1100, LLC
Ref. Number: L19000213585

RESUBMIT

Please give original
submission date as file date.

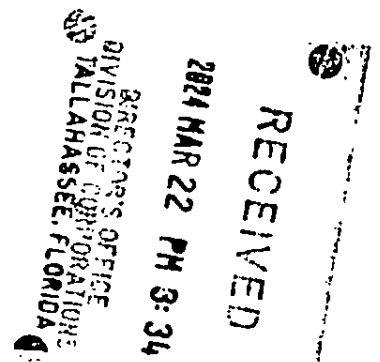
We have received your document for CJM/1100, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 824A00005783



ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 MAR 15 AM 8:32

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
CJM/1100, LLC

2. The Articles of Organization were filed on August 27, 2019 and assigned
document number L19000213585

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).
The written consent of a majority in interest of the members of the limited liability company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Peter Grossman

c/o Ogden CAP Properties, LLC

545 Madison Avenue, 6th Floor, New York, NY 10022

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

Peter Grossman

Printed Name

FILING FEE: \$25.00

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: CJM/1100 LLC

Document number of Limited Liability Company is: L19000213585

Date of dissolution was: 3/15/2024

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

The dissolution has been approved by the written consent of a majority in interest
of the members of the limited liability company.

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

Peter Grossman

c/o Ogden CAP Associates, LLC

545 Madison Avenue, 6th Floor

New York, NY 10022

FILED
TALLAHASSEE, FLORIDA

2024 MAR 15 AM 8:32

FILED

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.


Printed Name of the Person Filing

Peter Grossman
Signature of the Person Filing

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

CSC 366016-25