L20000162533

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
·	ty/State/Zip/Phone #)			
□ PICK-UP	WAIT MAIL			
	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				
	Q. SILAS			
	APR 26 2022			

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CRETABY OF

CT CORP

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

Date:

w: DW

	Acc#I20160000072		
Name:	CDP Daytona, LLC		
Document #:			
Order #:	14282908 - 5		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:	Country of Destination: Number of Certs:		
Filing: 🗸	Certified: Plain: COGS:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00		
	Thank you!		

COVER LETTER

TO: Registration Section Division of Corporations

	eytona, LLC		
DOCUMENT NUI	1,20000162533 WBER:		
The enclosed Notic	e of Limited Liability C	ompany Dissolution and	I fee are submitted for filing.
Please return all cor	respondence concerning	this matter to the followi	ng:
Jack Stoffer			
	(Name of C	ontact Person)	
Nelson Mullins Riley &	& Scarborough, LLP		
	(Firm	/Company)	
201 17th Street NW, St	aite 1700		
	(Ad	dress)	
Atlanta, GA 30363			
	(City/State	and Zip Code)	
For further informa	tion concerning this matte	er, please call:	
Jack Stoffer		at (404) 322-	6652
(Name of	f Contact Person)		Daytime Telephone Number)
Enclosed is a check	for the following amoun	t:	
□\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	1\$60 Filing Fee, Certificate of Status & Certificate 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

Notice of Limited Liability Company Dissolution APR 25 AM 8: 15

NOTE: This page is optional

SECRETARY OF STATE TALLAHASSEE, FL

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:	
Document number of Limited Liability Company is:	162533
Date of dissolution was: April 20, 2022	
Description of information that must be included in a writter	ı 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 no	rmal business hours concerning the claim; (c)
description and amount of the claim; (d) the date(s) the transaction	n or events giving rise to the claim arose or
occurred; and (e) any other pertinent information and documentation	ion concerning the claim.
Mailing address where claims can be sent: (Claims cannot b 880 Glenwood Avenue SE	e sent to the Division of Corporations)
Suite II	· · · · · · · · · · · · · · · · · · ·
Atlanta, GA 30316	
	<u> </u>
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no	
Robert Meyer, Manager	Adest Mayer 3A3E9D17175843D
Printed Name of the Person Filing	Signature of the Person Filing

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