1_22000111742

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/State/21p/ Hone 4)
PICK-UP WAIT MAIL
(Business Entity Name)
(Constant of the last)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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EEC 2 / 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: December 22, 2022	Account#: 1200000000088
Name: James Brodbeck	
Reference #:	
Entity Name: CVP - INTERNATIONAL DB, LLC	_
Articles of Incorporation/Authorization to Transact Busine	ss
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☑ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25.00	
Signature:	

COVER LETTER

	on Section of Corporations		
SUBJECT:	CVP	- International DB	3, LLC
<u></u>	(Name of Fo	reign Limited Liability (Company)
Dear Sir or Madam	:		
The enclosed without	Irawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	matter to the following	:
	Brooke Dunahugh		
	(Name of Person)		
	Cole Valley Partners,	LLC	
	(Firm/Company)		
218	38 SW Park Place, Su	ite 100	
	(Address)		•
	Portland, OR 9720	5	
	(City/State and Zip Coo	le)	•
For further informa	tion concerning this matter, p	dease call:	
<u>John</u>	Zachary Bonsall	at (415	840-6089
()	Name of Person)	(Area Code &	Daytime Telephone Number)
Registratio Division o Clifton Bu 2661 Exec	f Corporations	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations dox 6327 assee, Florida 32314
Enclosed is a chec	k for the following amount:		
⊠ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy



CVP - International DB, LLC
(Name of limited liability company)
Florida
(Jurisdiction of its organization)
3/18/22
(Date registered with Florida Department of State)
L22000111742
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:
Signature of authorized representative)
John Zachary Bonsall
(Typed or printed name of signee)

Filing Fee: \$25.00