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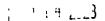
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/13/23

NAME: CAPE CORAL 26, LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CAPE (Name of Lin	ORAL 26, LLC				
(Name of Lin	nited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Rouzseh	Masrour Jame of Person)				
(N	Jame of Person)				
(F	Firm/Company)				
50610	(Address)				
- larzana	CA 91356 State and Zip Code)				
(City/S	State and Zip Code)				
For further information concerning this matter, please ca	ılt:				
Rouzseh Masronr	at (%18) 521-4542 (Area Code & Daytime Telephone Number)				
(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:	Street Address:				
Registration Section	Registration Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee FL 32314 2415 N Monroe Street Suite 810					

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited 1	iability company is				•	
CAP	E CORAL	26,	LLC		2033 HVS 13.	AH (
2. The Articles of Organiz	zation were filed on	0 2	107/202	22 and as:	signed	.,
document numberL	-22 000 115	713				
3. The delayed effective d (effe Note: If the date inserted listed as the document's	d in this block does no	t meet the a	pplicable statutor	y filing requireme	s received for filing) ents, this date will no	ot be
4. A description of occurre 605.0707, Florida Statut	es, (copy 605.0707)	on back co	ver letter).			n
Neve	r used					
Not	r used needed					
			 -			
5. If there are no members	, enter the name and	address o	f the person appo	ointed to wind u	p the company's	
activities and affairs:						
		_				
						
Signature of an authoriz above to wind up the comp	ed person or if there any's activities and	are no me affairs:	mbers, the signa	iture of the perso	on appointed and l	isted
1	/	7	0	: i .	/	
Signatur	re		520	uzseh <u>M</u> Printed Name	asvour	

FILING FEE: \$25.00