L22000255664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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04/02/24--01008--011 **525.00

H. HUNT

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caliber Orlando Narcoossee Dev Co, 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:

Pamela Uran
(Name of Person)

Fredrikson & Byron, P.A.
(Firm/Company)

60 South 6th Street, Suite 1500
(Address)

Minneapolis, MN 55402
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Uran at (612) 492-7731
(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
   Caliber Orlando Narcoossee Dev Co, LLC

2. The Articles of Organization were filed on 06/03/2022 and assigned
   document number L22000255664

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 entity is no longer doing business.

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:

DocuSigned by:
[signature]
Signature

William McCall
Printed Name

**FILING FEE: $25.00**