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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

LLC DISSOLUTION OR WITHDRAWAL
CAPE HARBOUR DREAM, LLC

Certificate of Status	0
Certified Copy	1
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2024 MAY 21 PM 3:15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FL

2024 MAY 21 AM 7:48

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MAY 22 2024

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**ARTICLES OF DISSOLUTION
FOR
CAPE HARBOUR DREAM, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

CAPE HARBOUR DREAM, LLC, a Florida limited liability company (the "Company"), hereby delivers these Articles of Dissolution pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act") for the purpose of dissolving the Company.

1. The name of the Company is CAPE HARBOUR DREAM, LLC.
2. The Articles of Organization were filed on August 5, 2022, effective as of August 5, 2022, and assigned document number L22000345363.
3. The effective date of the Company's dissolution is the date of filing these Articles of Dissolution with the Florida Department of State.
4. The occurrence that resulted in the dissolution was the consent in writing of all the members of the Company to the dissolution of the Company pursuant to Section 605.0701 of the Act.

CAPE HARBOUR DREAM, LLC,
a Florida limited liability company

By Jeffrey D. Hardel
Jeffrey Hardel, Manager

Date: 05/16/2024

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MAY 21 AM 7:48
TALLAHASSEE, FL

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

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 Section 605.0712, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a voluntary dissolution.

1. Name of Limited Liability Company: CAPE HARBOUR DREAM, LLC.
2. Document number of Limited Liability Company is: L22000345363
3. Effective date of dissolution is the date of filing these Articles of Dissolution with the Florida Department of State.
4. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
5. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

CAPE HARBOUR DREAM, LLC
Attention: Jeffrey Hardel
1800 Desert Drive
Wausau, WI 54401

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.

CAPE HARBOUR DREAM, LLC

By: 

Jeffrey Hardel, Manager