

L23000374288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

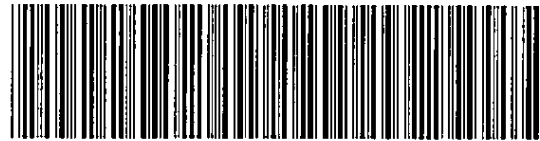
(Document Number)

Certified Copies _____

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900423912519

FILED

2024 FEB 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 FEB 15 PM 4:00

TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 02/16/2024

Name: Patrice Rush

Reference #: 2270393

Entity Name: CVP - EVERGLADES CIRCLE DB, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$25.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVP - Everglades Circle DB, 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:

Zach Bonsall

(Name of Person)

(Firm/Company)

2188 SW Park Place, Suite 100, Portland OR 97205

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (_____) _____
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

CVP - Everglades Circle DB, LLC

2024 FEB 16 AM 9:36

2. The Articles of Organization were filed on 8/9/23 and assigned

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

document number L23000374288

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).

Did not pursue this 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:

Zach Bonsall

2188 SW Park Place, Suite 100, Portland OR 97205

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:

Signature

John Zachary Bonsall

Printed Name

FILING FEE: \$25.00