

LA 000001964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400347718794

2020 JUL 14 PM 3:16

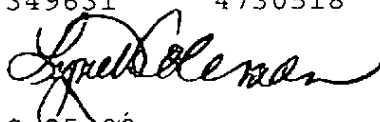
PAID
JUL 17 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 349631 4730518

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : July 13, 2020

ORDER TIME : 9:56 AM

ORDER NO. : 349631-005

CUSTOMER NO: 4730518

DOMESTIC FILINGS

NAME: CAPITALINK LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT# 62980

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITALINK 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:

Gabrielle Bolger

(Name of Person)

Advisor Group, Inc.

(Firm/Company)

10 Exchange Place, Suite 1410

(Address)

Jersey City, NJ 07002

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabrielle Bolger

(Name of Person)

201 978-0403

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 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**

2020 JUL 16 PM 3:16

1. The name of a limited liability company is
CAPITALINK LLC

2. The Articles of Organization were filed on September 23, 1999 and assigned
document number 98000017783

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).
Company is no longer active.

Company is no longer active.

Company is no longer active.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Barry Steiner, President; Diane Chillemi, Assistant Treasurer;

Joseph Giovanniello, Asst. Secretary; Jamie Price, Chairman;

Ahmed Hassanein, CAO; Matthew Schlueter, EVP; Nina McKenna,

Secretary; Abby Henig, Assistant Secretary

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

Abby Henig

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 s. 605.0712, F.S.

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

Name of Limited Liability Company: CAPITALINK LLC

Document number of Limited Liability Company is: _____

Date of dissolution was: 06/23/2020

Description of information that must be included in a written claim:

COMPANY IS NO LONGER ACTIVE.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)


10 EXCHANGE PLACE, SUITE 1410, JERSEY CITY, NJ 07399

A

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.

Gabrielle Bolger

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00