

4/23/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M0700001367

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000132835 3)))



H19000132835ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
19 APR 23 AM 10:17
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
CRP/CARDEL VERO BEACH HOTELS, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Certificate of Status

08
4/23/19

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CRP/Cardel Vero Beach Hotels, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/08/2007

(Date registered with Florida Department of State)

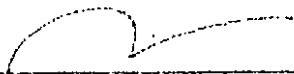
M07000001367

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.
(Signature of authorized representative)

Stacy M. Rosenthal

(Typed or printed name of signee)

Filing Fee: \$25.00

Division of Corporations

Page 1 of 1

L9900003729

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000132916 3)))



H190001329163ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH
Account Number : I19980000C90
Phone : (407) 839-4200
Fax Number : (407) 839-4264

**LLC DISSOLUTION OR WITHDRAWAL
SYNAPSE, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

19 APR 23 PM 2:21

STATE
OF
FLORIDA*4/24/19*

(H190001329163)

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SYNAPSE, LLC

2. The Articles of Organization were filed on June 21, 1999 and assigned

document number L99000003729

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)

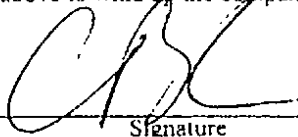
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 doing business nor owns assets

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:



Signature

Christopher J. Baker

Printed Name

FILING FEE: \$25.00

FILED
19 APR 23 PM 2:21
FLORIDA

(H190001329163)