P21000018774

| (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: J. HORNE OCT 23 2023 | | |
| | | |

Office Use Only



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10/17/23--01029--007 **35.00

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August 17, 2023

OWEN R RAHMAN CEIC LLC 4500 ISLAND REEF DR WELLINGTON, FL 33449

SUBJECT: COMMUNITY ENHANCEMENT INVESTMENT CORPORATION

Ref. Number: P21000018774

We have received your document for COMMUNITY ENHANCEMENT INVESTMENT CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 123A00018924

RUSSELL L HUNT Regulatory Specialist III

www.sunbiz.org

COVER LETTER

| Division of Corporations | | |
|--|--|--|
| SUBJECT: COMMUNITY ENHANCE | CEMENT INVESTMENT CORPORATION | |
| DOCUMENT NUMBER: P210000 | 18774 | |
| The enclosed Articles of Dissolution and | nd fee are submitted for filing. | |
| Please return all correspondence concern | ning this matter to the following: | |
| OWEN R RAHMAN | | |
| (Name | of Contact Person) | |
| COMMUNITY ENHANCEMENT INVI | ESTMENT CORPORATION LLC | |
| (F | irm/Company) | |
| 4580 Island Reef Drive | | |
| | (Address) | |
| Wellington, FL 33449 | | |
| (City/S | State and Zip Code) | |
| For further information concerning this n | natter, please call: | |
| OWEN RAHMAN | at (561-601-8006 | |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amo | ount: | |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | & 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$ Certificate of Status & Certified Copy (Additional copy is enclosed) | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | |

Division of Corporations

The Centre of Tallahassee

Division of Corporations

Tallahanna Ct 22214

P.O. Box 6327

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | | |
|---------|--|--|--|
| | COMMUNITY ENHANCEMENT INVESTMENT CORPORATION LLC | | |
| SECOND: | The document number of the corporation (if known): P21000018774 | | |
| THIRD: | The date dissolution was authorized: 05/29/23 | | |
| | Effective date of dissolution if applicable: 05/30/23 | | |
| | (no more than 90 days after dissolution file date) 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. | | |
| FOURTH: | Dissolution was approved by the shareholders, in the manner required by this chapter a the articles of incorporation. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| S | Signature: | | |
| | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | | |
| c | OWEN RAHMAN | | |
| | (Typed or printed name of person signing) | | |
| | PRESIDENT/ CEO | | |
| - | (Title of person signing) | | |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

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

| Name of Corporation: COMMUNITY ENHANCEMENT IN | IVESTMENT CORPORATION LLC |
|---|---|
| The above named corporation is the subject of dissolution and th | e effective date of a dissolution is: |
| (date filed with the Dept. if date specific | d in the Articles of Dissolution) |
| Description of information that must be included in a claim: | |
| The LLC was formed but never funded once the pr | inciples ghosted the founders |
| | |
| | |
| | |
| Mailing address where written claims can be sent: (Claims can | not be sent to the Division of Corporations) |
| 4580 Island Reef Drive, Wellington, FI 33449 | |
| | |
| | |
| | |
| A claim against the above named corporation will be barred un within 4 years after the filing of this notice. | less a proceeding to enforce the claim is commenced |
| OWEN RAHMAN | |
| Printed Name of the Person Filing | Signature of the Person Filing |