L20000366103

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(Document Number)

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PICK UP: MISTY 9/22

	CERTIFIED COPY	
XX	PHOTOCOPY	
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XX	FILING	DISSOLUTION

1. CPI JACKSONVILLE I LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPI JACKSONVILLE I 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:

Anthony Holmes
(Name of Person)

Registered Agent Solutions, Inc.
(Firm/Company)

5301 Southwest Pkwy., Suite 400
(Address)

Austin, TX 78735
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Holmes at (888) 705-7274
(Name of Person) (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
   CPI JACKSONVILLE I LLC

2. The Articles of Organization were filed on 12/02/2020 and assigned

   document number L20000366703

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).
   No longer doing business in Florida

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
   Michael Hanson
   195 North Street
   Teterboro, NJ 07608

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

Michael Hanson
Printed Name

FILING FEE: $25.00