

L20000009832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

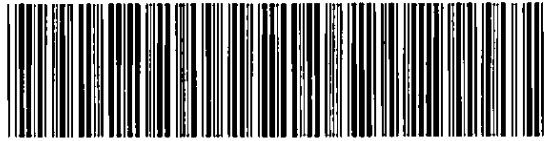
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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2020 JAN 27 PM 2:02
TALLAHASSEE, FLORIDA

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JAN 28 2020

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 1/27/20

NAME: SHORELINE TOWNHOUSE NO. 1, LLC

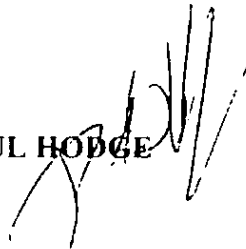
TYPE OF FILING: DISSOLUTION

COST: 55.00

RETURN: CERTIFICATE OF DISSOLUTION & CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



** File First **

KEVIN M. WHEELER

317 DORRINGTON BOULEVARD
METAIRIE, LOUISIANA 70005-3815

Telephone: (504) 837-3700
Facsimile: (504) 837-3702
Cell Phone: (504) 908-8000
Email: kevinmwheeler@outlook.com

27 January 2020

BY HAND

Registration Section
Division of Corporations
FLORIDA DEPARTMENT OF STATE
The Centre of Tallahassee
2415 North Monroe Street
Suite 810
Tallahassee, Florida 32303

Re: Release of Name: Shoreline Townhouse No. 1, LLC

Gentlemen:

I am the Sole Member and Sole Manager of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), of which the Articles of Organization were filed on January 2, 2020, and assigned Document Number L20000009832.

I am concurrently filing attached the Articles of Dissolution of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), and authorize, consent, and request that the Florida Department of State, Division of Corporations, **RELEASE THE NAME: Shoreline Townhouse No. 1, LLC** to my Louisiana Limited Liability Company: Shoreline Townhouse No. 1, LLC, (a Louisiana Limited Liability Company), for which I am concomitantly filing the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and so that my Louisiana Limited Liability Company may use that name to become Authorized to Transact Business in Florida.

Should you have any questions, or desire or need any additional documentation, I trust that you will promptly communicate with me by telephone: (504) 908-8000.

With best wishes, and kindest personal regards, I remain,

Respectfully,



Kevin M. Wheeler

KMW/me

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shoreline Townhouse No. 1, 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:

Kevin M. Wheeler

(Name of Person)

(Firm/Company)

317 Dorrington Boulevard

(Address)

Metairie, Louisiana

(City/State and Zip Code)
70005

For further information concerning this matter, please call:

Kevin M. Wheeler

(Name of Person)

at (504) 908-8000

(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**

1. The name of a limited liability company is
Shoreline Townhouse No. 1, LLC

2. The Articles of Organization were filed on 01/02/2020 and assigned
document number L20000009832

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).

The undersigned, comprising all of the Members of the Company, consents to the
Dissolution of the Company, consistent with 605.0701(2) and 605.0707, Florida Statutes.

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:

 **SOLE MEMBER**
Signature

Kevin M. Wheeler, Sole Member
Printed Name

FILING FEE: \$25.00