

LO1000015195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

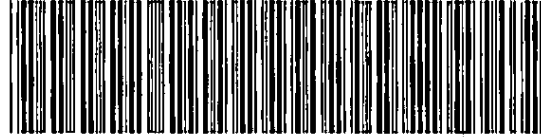
(Business Entity Name)

(Document Number)

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11/02/17--01015--016 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV -2 AM 7:27

4/10/21  
12/7/21  
4/10/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COTO 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:

STEPHEN J CORMIER  
(Name of Person)

COTO LLC  
(Firm/Company)

660 SOUTH BARKFIELD DR  
(Address)

MARCO ISLAND FL 34145  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN J CORMIER at ( 603 ) 674-9847  
(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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is

COJO LLC

2. The Articles of Organization were filed on 9/06/2001 and assigned

document number LO1000015195

3. The delayed effective date the dissolution if not effective on the date of filing: 12/30/17  
(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 COMPANY IS A REAL ESTATE INVESTMENT  
FIRM AND HAS JUST SOLD IT'S LAST  
PROPERTY AND WISHES TO CLOSE DOWN THE  
BUSINESS

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

STEPHEN J CORMIER  
660 SOUTH BIRFIELD DR  
MARLBOROUGH FL 34145

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:

Stephen Cormier  
Signature

STEPHEN J CORMIER  
Printed Name

FILING FEE: \$25.00

17-NOV-27 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA