

1-03000028793

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2005 FEB -1 P 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wrong form



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 25, 2005

RICHARD BOUCHER  
CARIBBEAN CAP COMPANY  
12783 NW 18TH MANOR  
PEMBROKE PINES, FL 33028

SUBJECT: CARIBBEAN CAP COMPANY, LLC  
Ref. Number: L03000028793

We have received your document for CARIBBEAN CAP COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form for a limited liability company. Please complete the attached form.

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 405A00004905

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARIBBEAN CAP COMPANY  
(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:

RICK BOUCHER  
(Name of Person)

CARIBBEAN CAP COMPANY  
(Firm/Company)

12783 NW 18TH MANOR  
(Address)

PENSACOLA BEACH FL 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICK BOUCHER at (954) 253 2869  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: CHECK ALREADY PROCESSED

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2005 FEB - 1 P 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company is

CAREBBEAN CAP COMPANY

2. The date the dissolution was approved: 12/31/04

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

NO SALES, NO REVENUE, COMPANY UNABLE TO CONTINUE BUSINESS

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.  
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Typed or Printed name

Richard Boucher  
Mary Alice Boucher

RICHARD BOUCHER

MARY BOUCHER