# 204000017299

(Requestor's Name)				
(Address)				
(Address)				
(CII	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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Pics				

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### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations					
CUD IF:	Coast West Development LLC					
SUBJECT: (Name of Limited Liability Company)						
	osed Articles of Dissolution and fee(s) are subm turn all correspondence concerning this matter t	-				
	Barbara Barnes					
(Name of Person)						
	Staack, Simms & Hernandez, P.A.					
(Firm/Company)						
	900 Drew St., Suite 1					
	(Address)					
	Clearwater, FL 33755					
	(City/S	state and Zip Code)				
For furt	er information concerning this matter, please ca	II:				
David C Eldridge		727 743-0362				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed	is a check for the following amount:					
1	\$25.00 Filing Fee and Certificate of Dissolution	<ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp; Certified Copy (additional copy is enclosed)</li> </ul>				
	MAILING ADDRESS:	STREET/COURIER ADDRESS:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	ne name of a limited liability company is coast West Development LLC					
2.	The Articles of Organization	n were filed on 02/23/20	004	and assigned		
	document number L04000	017299				
3.	The delayed effective date the dissolution if not effective on the date of filing: 04/15/2014 (effective date cannot be prior to or more than 90 days later than date document is received for filing)					
<ol> <li>A description of occurrence that resulted in the limited liability company's dissolution pursuant to se 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).</li> <li>Asset was sold (home at 1774 Montana Ave) and all members voted to close LLC</li> </ol>				solution pursuant to section		
				ted to close LLC		
				SECRE TALLAHA		
5. If	If there are no members, ent	there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:	David C Eldridge		PH 4: 33		
6. lis	Signature of an authorized p ted above to wind up the cor	person or if there are no m	embers, the signature of	the person appointed and		
	Wills	5	David C eldridge			
Signatura		Printed Name				

FILING FEE: \$25.00

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: Coast We	est Development LLC
Document number of Limited Liability Company	L04000017299
Document number of Limited Liability Company	1S:
Date of dissolution was: 4/15/2014	<del></del>
Description of information that must be included	in a written claim:
Asset was sold (home at 1774 Montana	Ave) and all members voted to close LLC
	H35
	PH FE
	ORIG
	0.7 0.7
Mailing address where claims can be sent: (Clain	ns cannot be sent to the Division of Corporations)
PO BOX 3272, Seminole, FL 3377	75
A claim against the above named limited liability claim is commenced within 4 years after the filin	company will be barred unless a proceeding to enforce the g of this notice.
	. /
David C Eldridge	LESUNGE
Printed Name of the Person Filing	Signature of the Person Elling

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00