

LO4000035165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

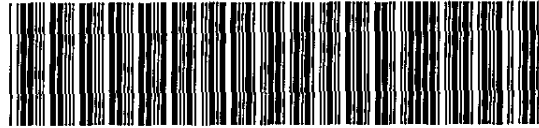
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000061618140

03/07/06--01008--002 **25.00

2006-03-07 PM 2:07
000061618140

LO4-35165
CR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

CLAUSSEN D. MORRELL
10708 GRAYSON STREET
JACKSONVILLE, FL 32220

SUBJECT: FIRST COAST PROFESSIONALS, LLC
Ref. Number: L04000035165

We have received your document for FIRST COAST PROFESSIONALS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 906A00007271

906A-6 FM 2:07
FEB 1 2006
RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Professionals, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claussen D. Morrell

(Name of Person)

First Coast Professionals, LLC

(Firm/Company)

10708 Grayson Street

(Address)

Jacksonville, FL 32220

(City/State and Zip Code)

For further information concerning this matter, please call:

Claussen D. Morrell

(Name of Person)

at (904) 537-7925

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

First Coast Professionals, LLC

2. The Articles of Organization were filed on 05/10/2004 and assigned document number L04000035165

3. The date the dissolution was approved: 11/30/2005

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

First Coast Professionals, LLC was dissolved upon the written consent of all of the members of the limited liability company.

5. 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.

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

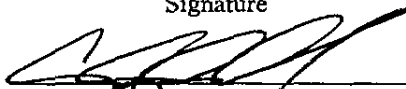

7. CHECK ONE:

- ☒ 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

Printed Name

Clauser Murrell
Mark Tuccelli