

L040000 78356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

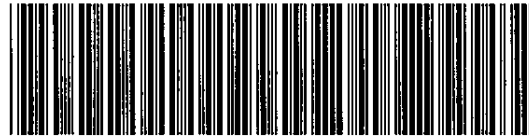
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 21 AM 11:53  
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FILING OFFICE

July 16, 2014

To whom it may concern:

I have enclosed one ck for  
4 companies -

Destin Tree House  
Emerald Coast Resorts  
Coastal Ventures Management  
Regional Offshore Services

Address is: P.O. Box 806  
Destin, FL 32540

phone # 850-650-1792

Thank - you,  
Suzanne Beach

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Destin Tree House 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:

Suzanne Beach  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 806  
(Address)

DESTIN, FL 32540  
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Beach at ( 850 ) 650-1792  
(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

Destin Tree House, LLC

2. The Articles of Organization were filed on 10/28/2004 and assigned

document number L04000078356

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)

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).

Closed 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: \_\_\_\_\_

Suzanne Beach

P.O. Box 806

DESTIN, FL 32540

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:

Suzanne Beach  
Signature

SUZANNE BEACH  
Printed Name

**FILING FEE: \$25.00**

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