

L04000084975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

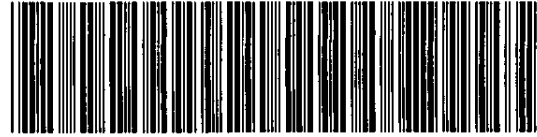
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/17--01008--003 **35.00

FILING CANCELLED
RETURNED CHECK

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY -8 P 3:13

FILED

D. BRUCE
MAY 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

WENDY WHITE
24 VILLAGE DEL PRADO CIRCLE
ST. AUGUSTINE, FL 32080

**FILING CANCELLED
RETURNED CHECK**

SUBJECT: PALM COAST PARTNERS, LLC
Ref. Number: L04000084975

We have received your document for PALM COAST PARTNERS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 417A00007900

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: PALM COAST PARTNERS, 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:

WENDY WHITE PHILCOX, REGISTERED AGENT
(Name of Person)

PALM COAST PARTNERS, LLC
(Firm/Company)

24 VILLAGE DEL PRADO CIRCLE
(Address)

ST. AUGUSTINE, FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

WENDY WHITE PHILCOX at (904) 429-6910
(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)

*Already PAID \$35⁰⁰

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILING CANCELLED
RETURNED CHECK

1. The name of a limited liability company is

PALM COAST PARTNERS LLC

2. The Articles of Organization were filed on 11/17/2004 and assigned

document number L04000084975

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)

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).

DISSOLUTION WAS APPROVED BY THE SHAREHOLDERS. THE
NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT
FOR APPROVAL

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

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:

Wendy White Philcox
Signature

WENDY WHITE PHILCOX
Printed Name

FILING FEE: \$25.00

ALREADY PAID \$35.00

2011 MAY -8 P 3 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED