

L04000088711

(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:

Raymond Ngan **DAVT**
AUTHORIZATION BY PHONE TO
DIRECT **#3** "sole member"
DATE **4/8/08**
alt

Office Use Only

386-423-9678

FF \$25



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04/08/08--01022--019 **25.00

08 APR - 8 PM 4:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. Tedlock APR 08 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

East Coast Shutters 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:

Raymond Negron

(Name of Person)

East Coast Shutters LLC

(Firm/Company)

2440 Lydia way

(Address)

NSB FL 32168

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond Negron

(Name of Person)

at 386) 423 5656

(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**

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 APR - 8 PM 4:19

1. The name of a limited liability company is

East Coast Shutters LLC

2. The Articles of Organization were filed on 12/9/04 and assigned document number

LC4000088711

3. The date the dissolution was approved: April 7, 2008

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).

Lack of Business
Death of my wife Tracy Negron

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

Raymond Negron
Deceased
(sole member)

Printed Name

Raymond Negron
Tracy Negron

FILING FEE: \$25.00