# 10000088519

(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:

L. SELLERS

JAN 20 2011

**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations Forgotten Coast Land Company 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: Judith Miller (Name of Person) (Firm/Company) PO Box 6885 (Address) San Rafael, CA 94903 (City/State and Zip Code) For further information concerning this matter, please call: TUDITH MULTIN at (U15) 987-6611
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

### **MAILING ADDRESS:**

30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is     Forgotten Coast Land Company LLC	<u> </u>
2. The Articles of Organization were filed on9-6	2005 and assigned document number
·	-10
5. CHECK ONE:	
All debts, obligations and liabilities of the limited lia  OR- Adequate provision has been made for the debts, obligations.	
<ol> <li>All remaining property and assets have been distributed amo rights and interests.</li> </ol>	•
7. CHECK ONE:  There are no suits pending against the company in a OR- Adequate provision has been made for the satisfaction entered against it in any pending suit.	
gnatures of the members having the same percentage of member	ship interests necessary to approve the dissolution:
Signature /	Printed Name
adoth bull	JUDITH MILLER
	—————————————————————————————————————
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FILING FEE: S	