

LO6 000006368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

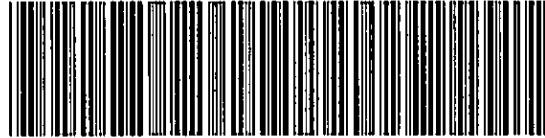
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST COAST BUSINESS CENTER 3, 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:

George F. Indest III

(Name of Person)

The Health Law Firm, P.A.

(Firm/Company)

1101 Douglas Avenue, Suite 1000

(Address)

Altamonte Springs, Florida 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

George F. Indest III

407

331-6620

at (_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

EAST COAST BUSINESS CENTER I, LLC

2. The Articles of Organization were filed on January 18, 2006 and assigned

document number 106000006368

3. The delayed effective date the dissolution if not effective on the date of filing: date filed
(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).

The purpose of the Company has been fulfilled and the Company is no longer needed.

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

George F. Indest III, c/o The Health Law Firm, P.A.

1101 Douglas Avenue, Suite 1000

Altamonte Springs, Florida 32714

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:

George F. Indest III
Signature

George F. Indest III, Manager

Printed Name

Sept. 14, 2021

FILING FEE: \$25.00

FILED
2021 SEP 16 AM 10:28
STATE OF FLORIDA
CLERK OF THE COURT