

LO6 000006368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

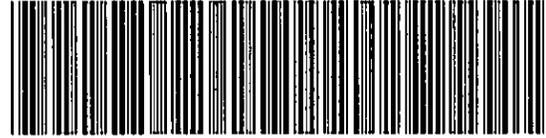
(Business Entity Name)

(Document Number)

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2021 SEP 16 AM 10:28  
FILED  
TALLAHASSEE, FL  
SECRETARY OF STATE

## 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

\_\_\_\_\_  
(Name of Person)

407

331-6620

at (\_\_\_\_\_) \_\_\_\_\_

(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.

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2021 SEP 16 AM 10:28  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

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 George F. Indest III, Manager  
Signature Printed Name

Sept. 14, 2021

**FILING FEE: \$25.00**