

2060000025420

(Requestor's Name)

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(Address)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

PALM COAST SEMINOLE GROUP, LLC.

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS S. WELTMAN

(Name of Person)

(Firm/Company)

52439 HAWTHORN CT.

(Address)

LA QUINTA, CA 92253

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS S. WELTMAN

561

715-8836

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


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SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
PALM COAST SEMINOLE GROUP, LLC.

2. The Articles of Organization were filed on MARCH 9, 2006 and assigned
document number 1.06000025420

3. The delayed effective date the dissolution if not effective on the date of filing: 10/15/2022 
(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).
RESOLUTION EVIDENCING THE CONSENT OF ALL OF THE MEMBERS

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

52439 HAWTHORN CT

LA QUINTA, CA 92253

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:

Louis Weltman

Signature

LOUIS S. WELTMAN

Printed Name

FILING FEE: \$25.00