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(Re	equestor's Name)	
(Ad	ldress) .	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	1
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SEPENARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations

_ COASTAL MOUNTAIN INVESTMENTS LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fec(s) are submitted for filing.

Please roturn all correspondence concerning this matter to the following:

Erlk Abrahamson

(Name of Person)

Abrahamson Enterprises

(Plem/Company)

2519 N. McMullen Booth Rd.

(Address)

Clearwater FL 33761

(City/State and Zip Code)

Por further information concerning this matter, piesse call:

Darleen Ostrowski

727 726-7177

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Cartificate of Dissolution

S51.00 Piling Pes, Certificate of Dissolution & 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

•	The name of a limited liabili	• • •	Investments LLC	
	The Articles of Organization	were filed on	1/17/2006	and assigned
	document numberL0600	00070589	MANAGED .	
	The delayed effective date to (effective Note: If the date inserted in it listed as the document's effective	date cannot be prior to a his block does not me	or more than 90 days later t et the applicable statutor	than date document is received for filing) y filing requirements, this date will not
	A description of occurrence 605.0707, Florida Statutes. (that resulted in the copy 605.0707 on b	limited liability comp ack cover letter).	any's dissolution pursuant to section
,				
			• .	
	If there are no members, entractivities and affairs:			pointed to wind up the company's
ļ	Signature of an authorized pated above to wind up the cor	•	* = = = = = = = = = = = = = = = = = = =	nature of the person appointed and
	Signature			Winted Name
		FILI	NG PEE: \$25.00	2008 MAR ZU CARETARY SHASSE
), (), (), ()			A 9: 46 OF STATE FE. FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Date of dissolution was:	2/15/16				
escription of information	that must be included in	n a written claim:	(() () () ()	2016 EAR	
			in T		T
		ii,		7. 9	J
***************************************			RID		
•		s cannot be sent to the Divis		ations)	•
2519 N. M	cMullen Booth	r Rd. Suite 510		ations)	
2519 N. M		·		ations)	
2519 N. M	cMullen Booth	·		ations)	
2519 N. M	cMullen Booth	·		ations)	
2519 N. M Clearwate	cMullen Booth r FL 33761	company will be barred unl	-307		the

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00