

U060000083017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 OCT 14 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal St. Andrews Properties, 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:

Shena Phagan

(Name of Person)

Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.

(Firm/Company)

425 W. Capitol, Ste. 1800

(Address)

Little Rock, AR 72201

(City/State and Zip Code)

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For further information concerning this matter, please call:

Shena Phagan

(Name of Person)

at (501) 370-4242

(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/COURIER ADDRESS:

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

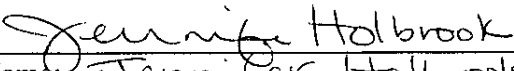
**ARTICLES OF DISSOLUTION
FOR
COASTAL ST. ANDREWS PROPERTIES, LLC.**

1. The name of the limited liability company is Coastal St. Andrews Properties, LLC.
2. The Articles of Organization were filed on August 22, 2006 and assigned document number L06000083017.
3. The dissolution was approved on October 8, 2015.
4. As required by Section 609.441, Florida Statutes, the sole member of the limited liability company agreed in a written consent to dissolve the limited liability company.
5. All debts, obligations and liabilities of the limited liability company have been paid or discharged.
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
7. There are no suits pending against the company in any court.

Signature of a managing member of the company owning 100% of the company and having the membership interests necessary to approve the dissolution:

MANAGING MEMBER:

CENTENNIAL BANK


Name: Jennifer Holbrook
Title: Controller

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TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

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.

Name of Limited Liability Company: Coastal St. Andrews Properties, LLC

Document number of Limited Liability Company is: L06000083017

Date of dissolution was: _____

Description of information that must be included in a written claim:

Name, address, phone number, fax, and electronic mail address of claimant;
a description of the nature of the claim including, but not limited to, the
amount claimed and date incurred; and any supporting documentation
for the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Centennial Bank
Attn: President
620 Chestnut St
Conway, AR 72032

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jennifer Holbrook

Printed Name of the Person Filing

Jennifer Holbrook
Signature of the Person Filing
Controller

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