

LOL 000 110110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

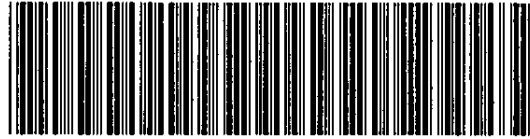
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers FEB 10 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nature Coast Safety Certification 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:

Gregory Barker

(Name of Person)

Nature Coast Safety Certification LLC

(Firm/Company)

9247 Antrim St

(Address)

Spring Hill, FL 34608

(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory Barker

(Name of Person)

at (

727

(Area Code & Daytime Telephone Number)

389-0255

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  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Nature Coast Safety Certification LLC
2. The Articles of Organization were filed on November 14, 2006 and assigned  
document number L06000110110
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).  
Owner is employed full time and no longer is able to continue in business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Gregory Barker  
9247 Antrim St  
Spring Hill, FL 34608  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed as  
listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

Gregory D Barker  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

15 FEB -2 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA