

LO7000038223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LO7-38223

(Document Number)

Certified Copies _____ Certificates of Status _____

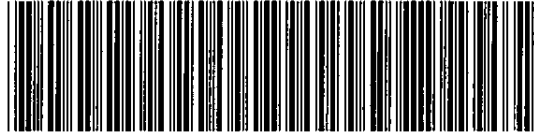
Special Instructions to Filing Officer:

A. LUNT

MAY 19 2008

EXAMINER

Office Use Only



000125248980

04/24/08--01019--012 **25.00

2008 MAY 16 A 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2008

RONALD COTE
12546 LAKE VISTA DR.
WILLIS, TX 77318

SUBJECT: COTE APARTMENT 7, LLC
Ref. Number: L07000038223

FILED
2008 MAY 16 A 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COTE APARTMENT 7, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 508A00025302

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cote Apartment 7, 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:

Ronald Cote
(Name of Person)
N/A
(Firm/Company)
12546 LAKE VISTA DRIVE
(Address)
Willis TX 77318
(City/State and Zip Code)

2000 MAY 16 A 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Ronald Cote at 936) 890-0201
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: Done

- ☐ \$25.00 Filing Fee
☐ 30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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

Cote Apartment 7, LLC

2. The Articles of Organization were filed on April 10, 2007 and assigned document number

L 07000038223.

3. The date the dissolution was approved: JAN 2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Transfer of ownership of
Said Apartment

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to ss. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Ronald Cote 100%

Ronald Cote