

LO8000011306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

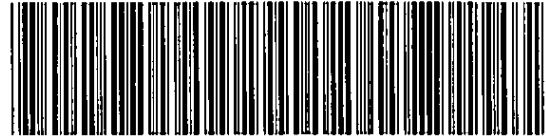
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

11/8

Office Use Only



400319185234

10/05/18--01020--006 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FL  
2018 NOV - 8 PM 5: 34

FILED

NOV - 8

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2018

MELISSA PALACIOS  
MP ACCOUNTING SERVICES INC  
5270 GOLDEN GATE PARKWAY  
NAPLES, FL 34116

SUBJECT: COBY CONSTRUCTION GROUP LLC  
Ref. Number: L08000011306

We have received your document for COBY CONSTRUCTION GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 118A00021504

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coby Construction Group LLC  
(Name of Limited Liability Company)

2018 FEB 23 11:10:36

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

Please return all correspondence concerning this matter to the following:

Melissa Palacios  
(Name of Person)

MP Accounting Services Inc  
(Firm/Company)

5270 Golden Gate Parkway Ste 120  
(Address)

Naples, FL 34116  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Palacios at 239, 331-8718  
(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)

*Already paid  
you kept my check.*

**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 Coby Construction Group LLC

2. The Articles of Organization were filed on 1/31/08 and assigned  
document number LO80000011306

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)

**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).

No Longer in Service

2018 NOV -8 PM 5:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

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:



Signature

Elias Bravo

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: N/A

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Elias Bravo  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing