

L080000076961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

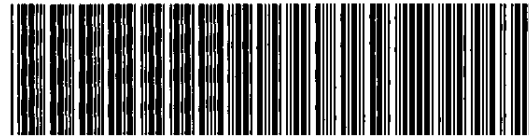
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT - 6 AM 10:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Behavioral Health Services, 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:

Debbie J. Capes

(Name of Person)

Coastal Behavioral Health Services, LLC

(Firm/Company)

1301 Seminole Blvd #169

(Address)

Largo FL 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie J. Capes

(Name of Person)

at (727) 584-6055

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2010

DEBBIE J. CAPES
1301 SEMINOLE BLVD.,
SUITE 168
LARGO, FL 33770

SUBJECT: COASTAL BEHAVIORAL HEALTH SERVICES LLC
Ref. Number: L08000076961

We have received your document for COASTAL BEHAVIORAL HEALTH SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 910A00020806

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT -6 AM 10:12

1. The name of a limited liability company is

Coastal Behavioral Health Services, LLC

2. The Articles of Organization were filed on August 11, 2008 and assigned document number

LO8000076961

3. The date the dissolution was approved: 5-28-2010

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).

Board meeting held and written consent was given
to dissolve the corporation by all board members.

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 s. 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

Debbie J. Capes
John D. Styers
Donald W. Styers

Debbie J. Capes
John D. Styers
Donald W. Styers

FILING FEE: \$25.00