12800091248

(Requestor's Name)
(Address)
/4.1
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
, and the second
·

Office Use Only

G. MCLEOD

JAN 2 0 2010

EXAMINER



300166331303

01/19/10--01029--011 **25.00

10 JAN 19 AM 9: 54

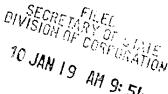
SECRETARY OF LINE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COASTAL ATTITUDES 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:
ELAINE S DAVIS (Name of Person)
COASTAL ATTITUDES LLC (Firm/Company)
315 PLANTATION HILL 12D (Address)
GULF BREEVE FL 3256/. (City/State and Zip Code)
For further information concerning this matter, please call:
ELAINE S DAVIS at (850) 4498718 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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



419 9: 51,
_ and assigned document number
<u></u> .
ssolution pursuant to section
of the members
nave been paid or discharged. ilities pursuant to s. 608.4421. n accordance with their respective nt, order or decree which may be essary to approve the dissolution:
Printed Name
ES DAVIS
A FEURNER