

L 09 000110590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

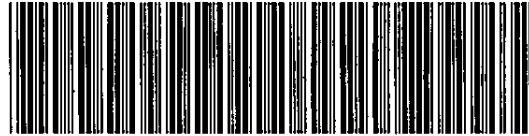
(Business Entity Name)

(Document Number)

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

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15 MAR -9 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerald Coast Inspection 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:

John Pitts

(Name of Person)

Black Diamond Development, Inc.

(Firm/Company)

3526 Fox Run Blvd

(Address)

Panama City FL 32408

(City/State and Zip Code)

For further information concerning this matter, please call:

John Pitts

(Name of Person)

at ( 850 ) 866 9861

(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)

**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  
Emerald Coast Inspection Services, LLC
2. The Articles of Organization were filed on November 17, 2009 and assigned  
document number L09000110590
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).  
No longer performing inspections  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: John Pitts  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

John Pitts  
Signature

John Pitts  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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