

2014-10-29 09:31
10/23/2014

Boyer Law Firm 850-617-6383
Division of Corporations

P 2/5

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BOYER LAW FIRM, P.L.
Account Number : I20100000071
Phone : (904)236-5317
Fax Number : (904)371-3935

LLC DISSOLUTION OR WITHDRAWAL
COLONIAL SOUTH SEAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
14 OCT 29 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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J. Shivers OCT 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONIAL SOUTH SEAS, 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:

FRANCIS M. BOYER

(Name of Person)

BOYER LAW FIRM, P.L.

(Firm/Company)

9471 Baymeadows Road, Suite 404

(Address)

Jacksonville, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Francis M. Boyer

(Name of Person)

904

236-5317

at (

(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:

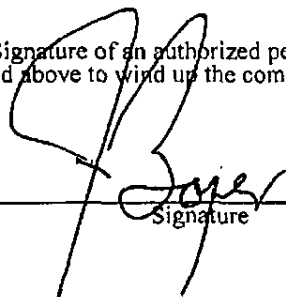
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
COLONIAL SOUTH SEAS, LLC
2. The Articles of Organization were filed on August 27, 2010 and assigned
document number L10000090110
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).
Voluntary dissolution

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

Francis M. Boyer

Printed Name

FILING FEE: \$25.00

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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: COLONIAL SOUTH SEAS, LLC

Document number of Limited Liability Company is: L10000090110

Date of dissolution was: 10/21/2014

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)

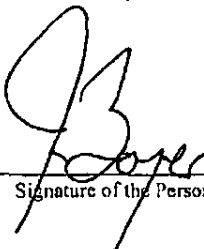
9471 Baymeadows Road Suite 404

Jacksonville, FL 32256

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.

Francis M. Boyer

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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