

L10000092439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

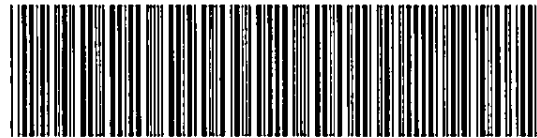
(Business Entity Name)

(Document Number)

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

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D SCOTT  
NOV 29 2017

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

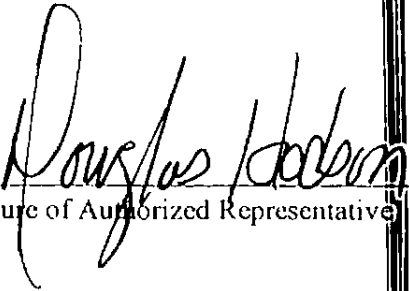
**FIRST:** The name of the limited liability company is: Coastal Media Services LLC

**SECOND:** The Florida Document number of the limited liability company is: L10000092439

**THIRD:** The date of filing of the initial articles of organization is: 09/02/2010

**FOURTH:** The date of filing of the dissolution is: 10/5/2017

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Douglas Hodson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)