

L11000011306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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JUL 20 2011
EXAMINER



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07/19/11--01016--014 **25.00

FILED
11 JUL 19 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suncoast Savings and Holdings 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:

Kristen Gerken
(Name of Person)

Suncoast Savings and Holdings LLC
(Firm/Company)

9115 Egret Cove Circle
(Address)

River view FL 33578
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristen Gerken at (727) 599-9092
(Name of Person) (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

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

1. The name of a limited liability company is

Suncoast Savings and Holdings LLC

2. The Articles of Organization were filed on January 21, 2011 and assigned document number

L110000 11306

3. The date the dissolution was approved: 7/15/11

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).

Never started, zero revenue, zero sales

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

Kristen Gerken

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CLERK OF STATE
TALLAHASSEE, FLORIDA



Florida Department of Revenue
Employer's Quarterly Report Continuation Sheet

UCT-6A
R. 01/11

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

UT ACCOUNT NUMBER

00000000

QUARTER ENDING

06/30/2011

EMPLOYER'S NAME

* Business Closed 7/15/11
Sencost Savings & Holdings LLC

F.E.I. NUMBER

32-0334695

10. EMPLOYEE'S SOCIAL SECURITY NUMBER

no employees

000-00-0000

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11. EMPLOYEE'S NAME (please print first twelve characters of last name and first eight characters of first name in boxes)

N/A

Last Name

First Name Middle Initial

Last Name

First Name Middle Initial

Last Name

First Name Middle Initial

Last Name

First Name Middle Initial

Last Name

First Name Middle Initial

Last Name

First Name Middle Initial

Last Name

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First Name Middle Initial

Last Name

First Name Middle Initial

Last Name

First Name Middle Initial

Last Name

First Name Middle Initial

12a. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

12b. EMPLOYEE'S TAXABLE WAGES PAID THIS QUARTER

Only the first \$7,000 paid to each employee per calendar year is taxable.

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

12a. 000,000.00

12b. 000,000.00

13a. Total Gross Wages (add Lines 12a only). Total this page only. Include this and totals from additional pages in Line 2 on page 1 of the UCT-6.

000,000.00

13b. Total Taxable Wages (add Lines 12b only). Total this page only. Include this and totals from additional pages in Line 4 on page 1 of the UCT-6.

000,000.00