L11000065974



(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(* **		
(Ci	ty/State/Zip/Phone	#)
☐ PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	-
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900438491099

COVER LETTER

TO: Registration Section Division of Corporations
Subject: Our Gulf Coast Properties, 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:
(Name of Person)
(Name of Person)
Our Gulf-Coast Properties, LCC (Firm/Company)
1313 Ereighton Rd (Address)
Pensacola FL 32504 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 332-638 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\square\$ \$\\$\\$25.00\$ Filing Fee and Certificate of Dissolution \$\square\$ \$\\$\\$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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is		
	Our Gulf Coast Properties, LLC		
2.	The Articles of Organization were filed on June 6, 2011 and assigned		
	document number L11000065974		
3.	The delayed effective date the dissolution if not effective on the date of filing: N/A (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	Business no longer operational		
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Unlly layoff		
	Signature Printed Name		

FILING FEE: \$25.00