

L11000093906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

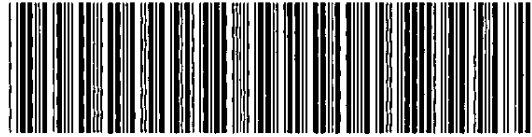
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900298377069

FILED

2017 APR 27 A 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2017 APR 27 PM 4:26

D. BRUCE  
APR 28 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 616960 7532569  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : April 26, 2017

ORDER TIME : 12:49 PM

ORDER NO. : 616960-005

CUSTOMER NO: 7532569

DOMESTIC FILINGS

NAME: COZE SUMMERSET, LLC

FILED  
2017 APR 27 A 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Coze Summerset, 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:

Camilla Moss

(Name of Person)

Arlington Family Offices

(Firm/Company)

2000 Morris Avenue, Suite 1350

(Address)

Birmingham, AL 35203

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR 27 A 10 01

FILED

For further information concerning this matter, please call:

Camilla Moss

(Name of Person)

at ( 205 ) 488-4322

(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

Coze Summerset, LLC

2. The Articles of Organization were filed on 8/16/2011 and assigned

document number LI1000093906

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)

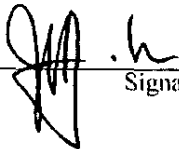
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Ceased business operations.

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

Jason Comer

Printed Name

**FILING FEE: \$25.00**

2011 AUG 27 A 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## 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: Coze Summerset, LLC

Document number of Limited Liability Company is: L11000093906

Date of dissolution was: 4/25/2017

Description of information that must be included in a written claim:

Vendor name, description and date of services rendered,  
and amount due.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

JACPLA, LLC c/o Jason Comer

2716 Southwood Road

Birmingham, AL 35223

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.

Jason L. Comer

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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

2017 APR 27 A 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED