

L11000101301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 SEP 13 AM 9:49

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Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2017

WILFREDO RODRIGUEZ  
6608 BLOSSOM AVE  
TAMPA, FL 33614

SUBJECT: OCEAN RESTORATION & BUILDER OF FLORIDA LLC  
Ref. Number: L11000101301

We have received your document for OCEAN RESTORATION & BUILDER OF FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 217A00015103

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCEAN RESTORATION & BUILDER OF FLORIDA LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**WILFREDO RODRIGUEZ**  
\_\_\_\_\_  
(Name of Person)  
**OCEAN RESTORATION & BUILDER OF FLORIDA LLC**  
\_\_\_\_\_  
(Firm/Company)  
**6608 BLOSSOM AVE**  
\_\_\_\_\_  
(Address)  
**TAMPA, FL 33614**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**WILFREDO RODRIGUEZ** at ( **813** ) **4846432**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

17 SEP 13 AM 10:49  
TALLHASSEE, FLORIDA

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

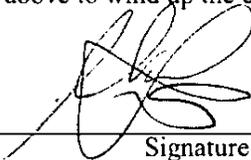
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
OCEAN RESTORATION & BUILDER OF FLORIDA LLC
2. The Articles of Organization were filed on 09/02/2011 and assigned  
document number L11000101301
3. The delayed effective date the dissolution if not effective on the date of filing: 07/30/2017  
(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).

My Company will not have more activities because  
I have medical problems

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

Wilfredo Rodriguez  
Printed Name

**FILING FEE: \$25.00**

17 SEP 13 AM 11:49  
CLERK OF THE COURT  
STATE OF FLORIDA