| (Re | (Requestor's Name) | | | | | |
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| (Address) | | | | | | |
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| (Address) | | | | | | |
| (6) | h./Ct-t-(7):-/Db | - 40 | | | | |
| (CII | ty/State/Zip/Phone | ÷ #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
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| (Bu | isiness Entity Nan | ne) | | | | |
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| (Do | cument Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Consider the state of the state | F31 0#: | · · | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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APR 1 9 2016 S. YOUNG

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Dissolution of Limited Liability Company

(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:

| Lindsay Haid | | | | | |
|---------------------------------|--|--|--|--|--|
| (Name of Person) | | | | | |
| Gulf Coast Fish and Shrimp, LLC | | | | | |
| (Firm/Company) | | | | | |
| 1007 Berwick Circle | | | | | |
| (Address) | | | | | |
| Lynn Haven El 32444 | | | | | |

(City/State and Zip Code)

For further information concerning this matter, please call:

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2583350

(Name of Person)

(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

16 APR 18 PH 4: 25

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is Gulf Coast Fish and Shrimp, LLC | | |
|-----------|--|--|------------|
| 2. | The Articles of Organization were filed on 3/21/2012 | and assigned | |
| -• | document number L12000039195 | | |
| 3. | The delayed effective date the dissolution if not effective of (effective date cannot be prior to or more than 9) Note: If the date inserted in this block does not meet the application listed as the document's effective date on the Department of State | able statutory filing requirements, this date will not | be |
| 4. | A description of occurrence that resulted in the limited liab 605.0707, Florida Statutes, (copy 605.0707 on back cover le No longer in shrimp business. | pility company's dissolution pursuant to section etter). | n |
| | | | _ |
| | | 6 7 | SECRET |
| 5. | If there are no members, enter the name and address of the activities and affairs: | person appointed to wind up the company's | ARY OF STA |
| | | | 25 |
| | | | |
| 6. lis | Signature of an authorized person or if there are no membe ted above to wind up the company's activities and affairs: | ers, the signature of the person appointed and | |
| _(| Hudson Haw Lind | say Haid | |
| (| Signature | Printed Name | |

FILING FEE: \$25.00