

L12000134313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

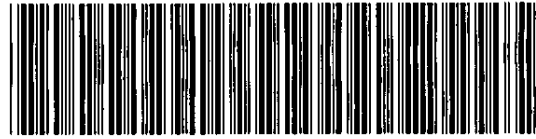
(Business Entity Name)

(Document Number)

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L12-134313

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FILED  
16 MAY 26 PM 1:40  
DEPT. OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
DEPT. OF STATE  
16 MAY 26 AM 11:01

MAY 27 2016

N. CAUSSEUX

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

ACCOUNT NO. : I20000000195  
REFERENCE : 155372 8073077  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : May 25, 2016  
ORDER TIME : 5:25 PM  
ORDER NO. : 155372-035  
CUSTOMER NO: 8073077

DOMESTIC FILINGS

NAME: PENTATHLON RE COQUINA, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

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

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

FILED  
16 MAY 26 PM 1:40  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is  
Pentathlon RE Coquina, LLC
  
2. The Articles of Organization were filed on 10/22/2012 and assigned  
document number L12000134313
  
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).  
Dissolved by action of the Member  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
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:

*Scott Brown*  
Signature

Scott E. Brown, Manager  
Printed Name

**FILING FEE: \$25.00**