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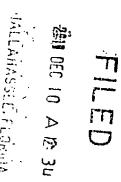
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. SCOTT DEC 1 3 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pelican Cottage 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: Monique Hoke (Name of Person) Pelican Cottage LLC (Firm/Company)
OSPRYFL 34229 (City/State and Zip Code)
For further information concerning this matter, please call: Monique Hoke at 941, 894-744 (cell (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is
	telican Cottage LLC
	0 1
2.	The Articles of Organization were filed on and assigned and assigned
	document number <u>L1200014654</u>
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).
	Business is no longer in operation and
	has no assets.
5.	If there are no members, enter the name and address of the person appointed to wind up the company is 1
	J. □ American
	activities and affairs:
	$\tilde{\epsilon} \cdot \tilde{\omega}$
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Monique Hoke Signature Monique Hoke
	FILING FEE: S25.00