L12000 154177

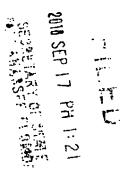
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800317553768

08/24/18--01008--004 **35.00



M. MILLIGAN SEP 2 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF LIMITED LIABILITY					
DOCUMENT NUMBER:					
The enclosed Articles of Dissolution and fee are submitted	for filing.				
Please return all correspondence concerning this matter to the	ne following:				
OSHRI GAL					
(Name of Contact Person)					
COCOA BEACH RENTALS, LLC					
(Firm/Company)					
280 W CENTRAL BLVD					
(Address)					
CAPE CANAVERAL, FL 32920					
(City/State and Zip Code))				
For further information concerning this matter, please call:					
OSHRI GAL/VALERIE JOHNSON 321-783					
(Name of Contact Person) (Area	Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount:					
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Certified Cop (Additional coenclosed)	y Certificate of Status &				

MAILING ADDRESS:

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

STREET ADDRESS:

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



September 4, 2018

COCOA BEACH RENTALS, LLC ATTN: OSHRI GAL 280 W CENTRAL BLVD. CAPE CANAVERAL, FL 32920

SUBJECT: COCOA BEACH RENTALS, LLC

Ref. Number: L12000154177

We have received your document for COCOA BEACH RENTALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 718A00018264

Michelle Milligan Senior Section Administrator

COVER LETTER

TO: Registration Section Division of Corporations

COCOA BEACH RENTALS, LLC

SUBJECT:

(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:

OSHRI GAL
(Name of Person)
(Firm:Company)
• • •
280 W. CENTRAL BLVD
(Address)
CAPE CANAVERAL, FL 32920
(City/State and Zip Code)

For further information concerning this matter, please call:

OSHRIGAL
(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2010 SEP 17 PH 1:21

1.	The name of a limited liability company is Cocoa Beach Rentals, LLC		SECRETARY OF STATE
2.	The Articles of Organization were filed on Dec	cember 10, 2012	and assigned
	document number L12000154177		
3.	The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not me listed as the document's effective date on the Depa	eet the applicable statutory filing	ng: August 20, 2018 c document is received for filing) c requirements, this date will not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on b	e limited liability company's oback cover letter).	dissolution pursuant to section
	Excessive business leasing exposure. Custome	er safety and equipment use/o	care rules and
_	"Voluntary Dissolution" approved by Quorum.		
٥.	If there are no members, enter the name and adactivities and affairs:	diress of the person appointed	1 to wind up the company s
6. lis	Signature of an authorized person or if there are sted above to wind up the company's activities a	re no members, the signature and affairs:	of the person appointed and
F	Muss	Oshri Gal-MGRM	
Signature		Printe	ed Name

FILING FEE: \$25.00