

L13000036911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

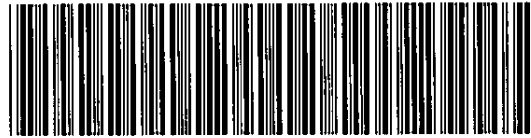
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/14--01001--017 **100.00

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DEPARTMENT OF STATE
14 OCT - 8 PM 3:49

FILED
14 OCT - 8 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 9 2014
T. BROWN

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Captiva Island Yacht Charters, LLC

Signature _____

Requested by: SETH

10/08/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ ☒ Dissolution / Withdrawal Revocation
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Captiva Island Yacht Charters, LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Clifton Gilchrist
Contact Person

Firm/Company

8366 Riviera Ave
Address

Fort Myers, FL, 33919
City, State and Zip Code

cliftongilchrist@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Clifton Gilchrist</u>	<u>at (239)</u>	<u>822-9296</u>
Name of Contact Person	Area Code	Daytime Telephone Number

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301


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

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
14 OCT -8 PM 2:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Captiva Island Yacht Charters, LLC
2. The document number of the company is Document Number L13000036911
3. The effective date the Dissolution was filed is September 10, 2014
4. The revocation of dissolution was authorized on September 10, 2014
5. A copy of the Articles of Dissolution is attached.


Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

FILED
Sep 10, 2014
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CAPTIVA ISLAND YACHT CHARTERS, LLC

The document number of the limited liability company: L13000036911

The file date of the articles of organization: March 11, 2013

The effective date of the dissolution if not effective on the date of filing: September 10, 2014

A description of occurrence that resulted in the limited liability company's dissolution:

BOAT SANK

The name and address of the person appointed to wind up the company's activities and affairs:

CLIFF GILCHRIST
8366 RIVIERA AVE
FORT MYERS, FL 33919 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CLIFTON GILCHRIST

Electronic Signature of authorized person