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D. SCOTT MAR 2 8 2017

COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: Gulf COAS+ Home Tweet10NS (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:
ROBERT K. SymmonDS (Name of Person)
Gulf COAST Home Inpections (Firm/Company)
9521 30th Ct. EAST (Address)
Parrish, Florida 34219
(City/State and Zip Code)
For further information concerning this matter, please call:
POBERT SYMMOWDS at 941 932 0459 N (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
TV \$25.00 Filling Fee and Certificate of Dissolution

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of Gu	falimited liabilit	y company is - Home	INSpect	10NS		
2. The Articles	s of Organization	were filed on _	April 15	, 2013 and	assigned	
document n	umber <u> </u>	0005550	06			
Note: If the		ate cannot be prior s block does not	to or more than 90 d meet the applicable	ays later than date docume e statutory filing require		ot be
605.0707, FI	lorida Statutes, (ç	ору 605.0707 о	n back cover lette	ty company's dissoluter). ///Spect/10/		on
	chi po to	voek. Pe	RHORIMINE	TNSFECTION.	<u></u>	
5. If there are a		∠ 1	address of the per	rson appointed to win	nd up the company's	
activities an	u anans.	9521	30th C+	. East	±25 =	
				34219	CREFURY LLLANDSSE	FILE
Signature of listed above to	f an authorized pe wind up the comp	rson or if there pany's activities	are no members, and affairs:	the signature of the p	erson appointed and	2:51
Gobert K	Signature	<u> </u>	fa	Bert L. SYMM Printed Name	00NDS	

FILING FEE: \$25.00