4300000054

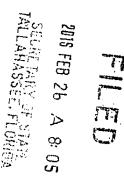
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900281632459

02/26/16--01005--018 **25.00



FEB 2 9 2015 BRUC.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Coast to Coast Logistics Group, 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:

| City/State and Zip Code | Co

For further information concerning this matter, please call:

ind
1 18 1
I I U

(Name of Person)

_{at} 772 ___ 219-3506 x201

(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

1. The name of a limite Coast To Coast Logist		
	nnization were filed on 04/25/2013	and assigned
document number L		
Note: If the date inse	re date the dissolution if not effective on the date of deffective date cannot be prior to or more than 90 days later that extend in this block does not meet the applicable statutory it's effective date on the Department of State's records.	n date document is received for filing)
4. A description of occ 605.0707, Florida Sta	urrence that resulted in the limited liability companatutes, (copy 605.0707 on back cover letter).	y's dissolution pursuant to section
Admin Dissolution for	Annual Report dated 09/25/2015.	
5. 1641		2016 FE
activities and affairs:	pers, enter the name and address of the person appoint. David Walter	83 2 F
	3061 SE Waaler St.	
	Stuart, FL 34997	8: 0 5
6. Signature of an autholisted above to wind up	orized person or if there are no members, the signat the company's activities and affairs:	ure of the person appointed and
David Wal	David Walter	viole d Nove
Signa	ature P	rinted Name

FILING FEE: \$25.00