

L17 0000 62657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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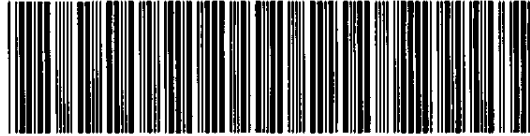
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ITALY/AMEMB LONDON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Third COAST INVESTMENT COMPANY II, 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:

WILLIAM E NIX

(Name of Person)

Third COAST INVESTMENT COMPANY II, LLC

(Firm/Company)

12291 69TH Terrace

(Address)

Seminole, Florida 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM E NIX

(Name of Person)

at (727) 251-0628

(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 limited liability company is

Third COAST INVESTMENT COMPANY II, LLC

2. The Articles of Organization were filed on March 08, 2014 and assigned

document number CC0062811892 Secretary of STATE
L 13000062657 FLORIDA LIMITED LIAB. CO.

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)

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).

VOLUNTARY DISSOLUTION

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

DAVID W NIX

12291 69TH TERRACE

SEMINOLE, FL 33772

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

W.E. Nix

Signature

WILLIAM E NIX

Printed Name

FILING FEE: \$25.00