

L13000129738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

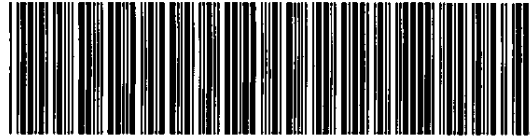
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261035748

06/11/14--01022--002 **55.00

FILED

2014 JUN 11 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Living Home Care, 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:

Lauran Hofheinz-McGarvey

(Name of Person)

N/A

(Firm/Company)

3096 Harper's Ferry Dr.

(Address)

Tallahassee, Florida 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

Lauran Hofheinz-McGarvey

(Name of Person)

at (850) 890-1228

(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
Coastal Living Home Care, LLC
2. The Articles of Organization were filed on 09/13/2013 and assigned
document number L13000129738
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).
Partnership unsuccessful.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Lauran Hofheinz-McGarvey
3096 Harper's Ferry Dr.
Tallahassee, Florida 32308

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:


Signature

Lauran Hofheinz-McGarvey
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 11 PM 12:50

FILED

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Coastal Living Home Care, LLC

Document number of Limited Liability Company is: L13000129738

Date of dissolution was: 6/11/14

Description of information that must be included in a written claim:

N/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Lauran Hofheinz-McGarvey

3096 Harper's Ferry Dr.

Tallahassee, Florida 32308

2014 JUN 11 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lauran Hofheinz-McGarvey

Printed Name of the Person Filing

Lauran Hofheinz-McGarvey

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00