L14000030233

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CARVER DARDEN
Account Number : I20070000116
Phone : (850)266-2300
Fax Number : (850)266-2301

LLC DISSOLUTION OR WITHDRAWAL

COASTAL AESTHETICS INSTITUTE, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	04 05
Estimated Charge	$30.00

2016 APR 21 AM 10:55

TALLAHASSEE, FLORIDA

16 APR 21 AM 9:24

Electronic Filing Menu Corporate Filing Menu Help

APR 22 2016

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April 21, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COASTAL AESTHETICS INSTITUTE, PLLC
2301 N. 9TH AVENUE
SUITE 100
PENSACOLA, FL 32503US

SUBJECT: COASTAL AESTHETICS INSTITUTE, PLLC
REF: L14000030233

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000098617
Letter Number: 716A00008246

P.O BOX 6327 – Tallahassee, Florida 32314

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL AESTHETICS INSTITUTE, PLLC
(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 S. Rushing, Esquire
(Name of Person)

Carver Darden
(Firm/Company)

801 West Romana Street, Suite A
(Address)

Pensacola, Florida 32502
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rushing at (850) 266-2300
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee and Certificate of Dissolution

☐ $30.00 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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
COASTAL AESTHETICS INSTITUTE, PLLC

2. The Articles of Organization were filed on February 21, 2014 and assigned
document number L14000030233

3. The delayed effective date the dissolution if not effective on the date of filing: date of filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
consent of all members

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

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

Christopher J. LeCroy, Authorized Member
Printed Name

FILING FEE: $25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 AESTHETICS INSTITUTE, PLLC

Document number of Limited Liability Company is: L14000030233

Date of dissolution was: 4/18/2016

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

The basis for the claim; the amount claimed; the name and address of the creditor; and the security for the claim, if any.

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

COASTAL AESTHETICS INSTITUTE, PLLC
5149 North 9th Avenue, Suite 120
Pensacola, Florida 32504

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.

Christopher J. LeCroy, Authorized Member
Printed Name of the Person Filing

Signature of the Person Filing

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