Division of Corporations Electronic Filing Cover Sheet

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(((H15000141774 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION

Account Number : FCA000000023

Phone : (850) 205-8842 😓

Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL ATLANTIC COAST MANAGEMENT LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03/4    |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

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T. HAMPIK ...

## **COVER LETTER**

|   | stration Section<br>sion of Corporations   |  |                                      |  |  |
|---|--|--|--------------------------------------|--|--|
| SUBJECT:  | Allantic Coast Management LLC  |  |                                      |  |  |
| Sebute.   | (Name of Limite  | ed Liability Compan  | у)                                   |  |  |
|   | Articles of Dissolution and fee(s) are submitted to the concerning this matter than the concerning the concernin |  |                                      |  |  |
|   | Tiffany A. Kensey  |  |                                      |  |  |
|   | (Name of Person)   |  |                                      |  |  |
| Atlantic Coast Management LLC                       |  |  |                                      |  |  |
| (Firm/Company)                                      |  |  |                                      |  |  |
|   | 20316 Seneca Meadows Parkway   |  |                                      |  |  |
|   | (Address)  |  |                                      |  |  |
|   | Germantown, MD 20876   |  |                                      |  |  |
|   | (City/Sta  | te and Zip Code)   | <del></del>                          |  |  |
| For further inf                                     | formation concerning this matter, please call:   |  |                                      |  |  |
| Tiffany A. Kensey                                   |  | 301<br>at (  | 562-1768                             |  |  |
| <del></del>   | (Name of Person)   | (Area Co   | de & Daytime Telephone Number)       |  |  |
| Enclosed is a cl                                    | heck for the following amount:   |  |                                      |  |  |
| ■ \$25.00 Filing Fee and Certificate of Dissolution |  | \$55.00 Filing Fee, Certificate of Dissolution &<br>Certified Copy (additional copy is enclosed) |                                      |  |  |
|   | MAILING ADDRESS: Registration Section  | -  | EET/COURIER ADDRESS: tration Section |  |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 12, 2015

## FLORIDA DEPARTMENT OF STATE

**Division of Corporations** 

ATLANTIC COAST MANAGEMENT LLC 20316 SENECA MRADOWS PARKWAY GERMANTOWN, MD 20876US

SUBJECT: ATLANTIC COAST MANAGEMENT LLC

REF: L14000030517

dute of submission 6/11

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 form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the correct form(s).

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.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H15000141774 Letter Number: 315A00012331

P.O BOX 6327 - Tallahassee, Florida 32314

JUN 1 5 21.

T HAMMY ...

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1.                                       | The name of a limited liability company is Atlantic Coast Management LLC  |  |  |  |  |
|--|---|--|--|--|--|
|  |   |  | •  |  |  |
| 2.                                       | The Articles of Organization  | on were filed on 02/21                           | /2014 and assigned   |  |  |
|  | document number L140000   | 30517  |  |  |  |
| 3.                                       | The delayed effective date the dissolution if not effective on the date of filing:  |  |  |  |  |
| 4.                                       | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter). |  |  |  |  |
|  | No longer doing business.   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| 5.                                       | If there are no members, er   | iter the name and add                            | ress of the person appointed to wind up the company's          |  |  |
|  | activities and affairs:   | Mary E. Sweeney                                  |  |  |  |
|  |   | 20316 Seneca Meado                               | our Partues  |  |  |
|  |   | 20310 Scheca Meade                               | wa I diamay  |  |  |
|  |   | Germantown, MD 20                                | 0876   |  |  |
|  |   |  |  |  |  |
| 6.<br>lis                                | Signature of an authorized led above to wind up the co  | person or if there are<br>mpany's activities and | no members, the signature of the person appointed and affairs: |  |  |
|  | : n - 16 - 1  | •  |  |  |  |
|  | May E. M. (Spiranire of author)   | Murly  | Mary E. Sweeney  |  |  |
| (Sygnature of authorized representative) |   | red representative)                              | Printed Name   |  |  |

FILING FEE: \$25.00

FILED

15 JUN 11 AM 7: 01.

SECRETARY OF STATE A