

L1400008982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

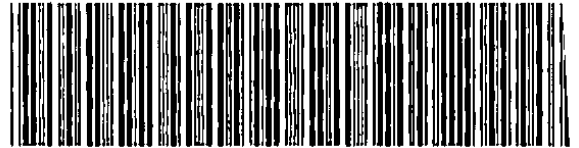
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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R. WHITE  
DEC 3 2020

2020 12 03 13:45

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

COAST AUTO LLC

2. The Articles of Organization were filed on 6/4/2014 and assigned

document number 14000089827

3. The delayed effective date the dissolution if not effective on the date of filing: 8/28/20  
(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).

NO LONGER DOING BUSINESS

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

ELEANOR HOFFMANN - ARTHUR HOFFMANN

955 DOTTEREL RD # 2507

DELRAY BEACH, FL. 33444

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:

Eleanor Hoffmann  
Signature

ELEANOR HOFFMANN  
Printed Name

FILING FEE: \$25.00

SUBJECT: ELEANOR HOFFMAN

(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:

ELEANOR HOFFMAN

(Name of Person)

(Firm/Company)

955 DOTTEREL RD. APT. #250

(Address)

DELRAY BEACH, FL. 33444

(City/State and Zip Code)

For further information concerning this matter, please call:

ELEANOR HOFFMAN

(Name of Person)

at (516) 574-3104

(Area Code & Daytime Telephone Number)

ARTHUR HOFFMAN

561-400-3199

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303