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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO:

Registration Section Division of Corporations

Coastal Conference Center, LLC

SUBJECT:

(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:

Lisa Gufford

(Name of Person)

Coastal Conference Center, LLC

(Firm/Company)

225 Water Street, Ste. 2000

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Gufford

_904

3430633

(Name of Person)

(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 liabil Coastal Conference Center, LL				
2.	The Articles of Organization	n were filed on and assig	gned		
	document number <u>L140</u>	00102921			
3.	Note: If the date inserted in the	he dissolution if not effective on the date of filing: 12/31/20 date cannot be prior to or more than 90 days later than date document is his block does not meet the applicable statutory filing requirement tive date on the Department of State's records.	received for ming)		
4. A description of occurrence that resulted in the limited liability company's dissolution pursual 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	The real estate that was leased has defaults that stop us from running our business and the landlord will not cure.				
					
5. If there are no members, enter the name and address of the person appointed to wi activities and affairs: Lisa Gufford			the company's		
President					
		316 Girvin Road			
		Jacksonville, FL 32225			
6. lis	Signature of an authorized p	person or if there are no members, the signature of the person pany's activities and affairs:	n appointed and		
<u></u>), Cisa Gufford			
	Signature	FILING FEE: \$25.00			