

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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JAN 25 2018

COVER LETTER

TO:

Registration Section Division of Corporations

SHRIFCT

Coastal Homes by Kelly 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:

Kelly Bocuzzo		
(Name of Person)		
Coastal Homes by Kelly LLC		
(Firm/Company)		
5466 Atlantic View		
(Address)		
Saint Augustine FL 32080		

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Bocuzzo

(Name of Person)

(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 l	iability company is	-4 AM 11: 2
Coastal Homes by Kelly	LLC	
2. The Articles of Organiz	zation were filed on 9/2	22/14 and assigned
document number L140	100148133	
Note: If the date inserted	ective date cannot be prior to d in this block does not m	ot effective on the date of filing: or more than 90 days later than date document is received for filing) neet the applicable statutory filing requirements, this date will not be artment of State's records.
4. A description of occurr 605,0707, Florida Statut	ence that resulted in the tes, (copy 605.0707 on	e limited liability company's dissolution pursuant to section back cover letter).
Property held under LLC	was sold. LLC is no longe	er needed.
5. If there are no members activities and affairs:	s, enter the name and ac Kelly Bocuzzo, M	ddress of the person appointed to wind up the company's
detrities and arrans.	Janet Frosti, Mana	rket
 Signature of an authorize sted above to wind up the 	zed person or if there as e company's activities a	re no members, the signature of the person appointed and and affairs:
(li	Py)	Kelly Bocuzzo
Signatui	re	Printed Name

FILING FEE: \$25.00