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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GULF Coast Accessibility Options, 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:
Scott Langlais (Name of Person)
North Crest Construction, LLC (Firm/Company)
3214 Savage Rd
$\frac{3214 \text{ Savage Rd}}{\text{Sarasota, }FL 34231}$ For further information concerning this matter, please call:
For further information concerning this matter, please call:
Scott Langlais at (941) 504-5617 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$\Bigsup \\$55.00 \text{ Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 liability company is
Gulf Coast Accessibility Options, LLC
2. The Articles of Organization were filed on <u>OZ/09/15</u> and assigned
document number <u>L 15 0000 2 8 6 6 9</u>
3. The delayed effective date the dissolution if not effective on the date of filing: Filing Date (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).
Lack of business relative to Accesibility.
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5 If there are no manufacture the new and address of the new address of the new address of
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Fig. 4
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:
Scatt land lain contt land lair
Scott Langlais Printed Name

FILING FEE: \$25.00