

L160000021209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

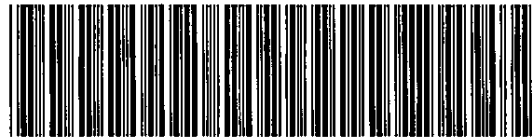
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/16--01004--008 **25.00

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16 DEC -8 PM 3:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 09 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE COCONUT DOCTOR 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:

MICHAEL A KLOPP
(Name of Person)

REGISTERED AGENT - THE COCONUT DOCTOR
(Firm/Company)

13595 NE 1ST STREET RD
(Address)

SILVER SPRINGS, FL 34488
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KLOPP at (352) 843-4120
(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 liability company is

THE COCONUT DOCTOR LLC

2. The Articles of Organization were filed on 1-25-2016 and assigned
document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: 12-30-2016
(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).

CEASED 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:

KLOPP, LINDA S AMB

KLOPP, MICHAELA MGR

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:

Linda S Klopp
Signature

LINDA S KLOPP
Printed Name

FILING FEE: \$25.00

FILED
16 DEC -8 PM 8:30
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE