

L16000023579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

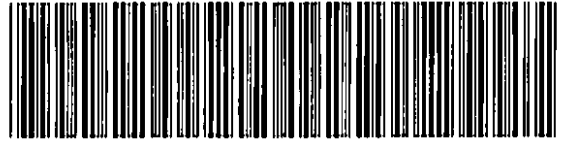
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION PER SETH
(CAPITAL CONNECTION, INC.)
8/24/2018
KS

Office Use Only



800317539008

08/24/18--01001--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 23 AM 2:24

FILED

K. SALY

AUG 24 2018

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Treasure Coast Makerspace LLC

Signature _____

Requested by: Seth

08/21/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST MAKERSPACE 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:

KURT DURJAN

(Name of Person)

(Firm/Company)

C/O 3537 SW RIVERA ST

(Address)

PORT SAINT LUCIE, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

MORIAH JENKINS

(Name of Person)

at (772) 460-6786

(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

FILED
18 AUG 23 AM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
TREASURE COAST MAKERSPACE LLC

2. The Articles of Organization were filed on 02/03/2016 and assigned
document number L16000023579

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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.

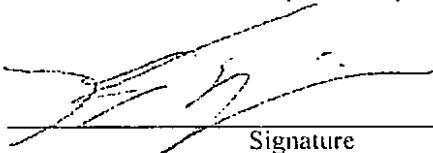
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

WE HAVE FOUND THAT OUR LLC IS AN UNSUITABLE ENTITY AND WILL BE ~~CONVERTING TO~~ **FORMING**

A NON PROFIT ORGANIZATION

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

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:


Signature

KURT L. DURJAN

Printed Name

FILING FEE: \$25.00