

L16000064398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

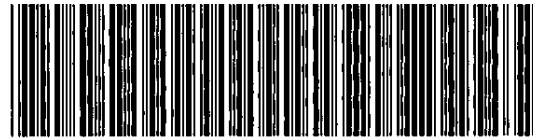
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/27/17--01007--022 **25.00

APR 28 2017
S. YOUNG

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 27 PM 2:06

Division of Corps

4/24/17

P.O. Box 6327

Tallahassee, FL 32314

Re: annual report

To whom this may concern:

I am writing and submitting
documents to request the dissolution
of my LLC Coastal Counseling.
see attached -

my telephone # is: 941-615-7976
and my current address is:
4439 Ocean Blvd.
Sarasota, FL 34242

Sincerely,

Laura M. Woodruff

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FL
47 APR 27 PM 2:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caracal Counseling 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:

Lauren M. Woodruff
(Name of Person)

Caracal Counseling LLC
(Firm/Company)

new address: → 4439 Ocean Blvd.
(Address)

Sarasota, FL 34242
(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren M. Woodruff at (941) 615-7976
(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

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TALLAHASSEE, FLORIDA
17 APR 27 PM 2:06

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Caracal Counseling LLC

2. The Articles of Organization were filed on 03/28/16 and assigned

document number L16000064398

3. The delayed effective date the dissolution if not effective on the date of filing: 04/24/17
(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).

Finished contract job

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
APR 27 PM 2:06

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

Lauren M. Woodruff
4439 Ocean Blvd.
Sarasota, FL 34242

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:

Lauren M. Woodruff
Signature

Lauren Woodruff
Printed Name

FILING FEE: \$25.00