

L16000115643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAR 21 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Medical Devices  
\_\_\_\_\_  
(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:

Larry Parker

\_\_\_\_\_  
(Name of Person)

Coastal Medical Devices

\_\_\_\_\_  
(Firm/Company)

152 Walton Buena Vista Drive

\_\_\_\_\_  
(Address)

Panama City Beach FL 32413

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry Parker

\_\_\_\_\_  
(Name of Person)

850

687 5127

at (\_\_\_\_\_) \_\_\_\_\_

(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  
Coastal Medical Devices

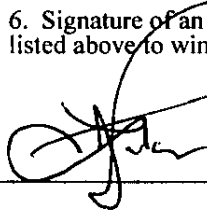
2. The Articles of Organization were filed on ~9.1.16 and assigned  
document number L16000115643

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).  
After applying and receiving LLC status I accepted a full time position with a company based in NJ so I never  
began operations as an LLC.

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

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

LARRY PARKER

Printed Name

**FILING FEE: \$25.00**

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THE CLERK  
STATE OF FLORIDA

7-13-16