L16000124214

(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:

Office Use Only

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02/23/17--01013--000 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 9 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2017

BETH HOFF
1725 DONEGAL DR
CANTONMENT, FL 32533

SUBJECT: GULF COAST APPLIANCE DOCTOR, LLC
Ref. Number: L16000124214

We have received your document for GULF COAST APPLIANCE DOCTOR, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include address on number five of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 417A00003661

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TALLAHASSEE, FLORIDA

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2017 MAR -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Appliance 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:

Beth Hoff
(Name of Person)

Gulf Coast Appliance Doctor, LLC
(Firm/Company)

1725 Donegal Drive
(Address)

Cantonment FL 32533
(City/State and Zip Code)

For further information concerning this matter, please call:

Beth Hoff at (850) 9763305
(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)

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TALLAHASSEE, FLORIDA

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
Gulf Coast Appliance Doctor LLC

2. The Articles of Organization were filed on 7-7-2016 and assigned

document number L16000124214

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).

The corporation was dissolved 12-31-2016 due to poor revenue.

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

Beth Hoff
David Hoff
1725 Donegal Drive
Cantonment FL 32533

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:

Beth Hoff
Signature

Beth Hoff
Printed Name

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TALLAHASSEE, FLORIDA

FILING FEE: $25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "**Notice of Limited Liability Company Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Gulf Coast Appliance Doctor LLC

Document number of Limited Liability Company is: L16000124214

Date of dissolution was: 12-31-2016

Description of information that must be included in a written claim:

The corporation was dissolved 12-31-2016 due to poor revenue

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Beth Hoff
1125 Donegal Dr
Cantonment FL 32533

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Beth Hoff
Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00