

L16000189343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

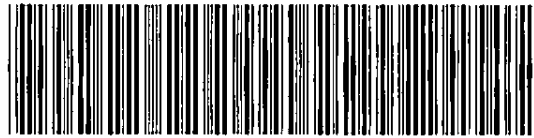
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800303385708

S. WARREN

SEP 15 2017

SEP 14 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 SEP 14 AM 11:43

FILED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 816916 7923477

AUTHORIZATION

COST LIMIT

\$ 25.00



ORDER DATE : September 14, 2017

ORDER TIME : 1:09 PM

ORDER NO. : 816916-005

CUSTOMER NO: 7923477

DOMESTIC FILINGS

NAME: ORANGE COAST REAL ESTATE  
INVESTMENTS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Orange Coast Real Estate Investments, LLC

2. The Articles of Organization were filed on February 3, 2016 and assigned

document number L16000023752

L160000189343

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).

Manager dissolution pursuant to organizational documents.

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

Josh Silverman; PO Box 1709, St. Petersburg, FL 33713

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

Josh Silverman

Printed Name

FILING FEE: \$25.00

FILED  
17 SEP 14 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA