

116000217109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

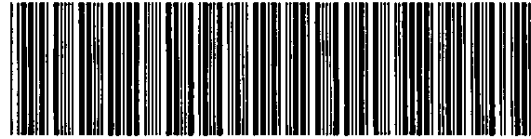
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/22/18--01007--019 **25.00

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18 FEB 22 AM 8:37
SEATTLE, WASHINGTON
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Coast DOT Compliance 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:

David McConnell
(Name of Person)

1st Coast DOT Compliance LLC
(Firm/Company)

30380 Trophy Trail
(Address)

Bryceville FL 32009
(City/State and Zip Code)

For further information concerning this matter, please call:

David McConnell at (904) 210-6747
(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

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

1. The name of a limited liability company is

1st Coast DOT Compliance LLC

2. The Articles of Organization were filed on 11/30/2016 and assigned

document number L16000217109

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).

Dissolution. Company no longer active or
operating or in business.

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

David McConnell

30380 Trophy Trail

Bryceville FL 32009

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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:

David McConnell
Signature

David McConnell
Printed Name

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: 1st Coast DOT Compliance LLC

Document number of Limited Liability Company is: L160000217109

Date of dissolution was: Feb 2, 2018

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

Dissolution. Company no longer active or
operating or in business.

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

David McConnell
30380 Trophy Trail
Bryceville FL 32009

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.

David McConnell
Printed Name of the Person Filing

DA McConnell
Signature of the Person Filing