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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATIONS

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Guf Coast Counseling Services (Name of Limited Liability Company)	
(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:	
Devin Elise Lovelace (Name of Person)	
Gulf Coast Counseling Scruits (Firm/Company)	
310 E Government Street Ste CZ	
Pensacola FL 32502 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Elise Lovelace at (850, 380-984) (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:  \$\sum_{525.00}\$ \text{Filing Fee and Certificate of Dissolution}\$  \$\sum_{555.00}\$ \text{Filing Fee, Certificate of Dissolution}\$	

### 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

Certified Copy (additional copy is enclosed)

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



	' F
1.	The name of a limited liability company is  Gulf Coast Counseling Services, PLLC.
2.	The Articles of Organization were filed on
	document number <u>L 17 00 0008 754</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 11 12017 (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).  1 Creafed the PLLC to Submit and bid for
	an RFP with Department of Corrections.
	I did not win the bid.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
$\stackrel{\smile}{}$	Signature Printed Name

**FILING FEE: \$25.00**