

217000111299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

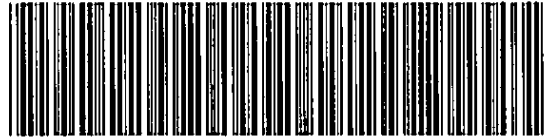
(Business Entity Name)

(Document Number)

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

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18 MAY 23 AM 9:43  
SECRETARY OF STATE  
HALLMARKS  
09

○ SIMMONS  
MAY 24 2018



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coquina Trail 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:

Roy D. Harrell

(Name of Person)

(Firm/Company)

1665 Friday RD

(Address)

Cocoa FL 32926

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Harrell

(Name of Person)

at ( 321 ) 8630592

(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

Coquina Trail LLC

2. The Articles of Organization were filed on 5-19-2017 and assigned

document number L17000111299

3. The delayed effective date the dissolution if not effective on the date of filing: 5-19-17  
(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 purchase of property for said business discription did not go through. I have chosen to dissolve 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:

Elizabeth Harrell

1665 Friday Rd

Cocoa Fl 32926

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

Roy D. Harrell

Printed Name

**FILING FEE: \$25.00**

FILED  
MAY 23 AM 9:43  
TALLAHASSEE  
FLORIDA