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Division of Corporations

H22000143078

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)396-3911
Fax Number : (904)396-0663

LLC DISSOLUTION OR WITHDRAWAL**COASTAL ENDEAVORS, LLC**

Certificate of Status	0
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**ARTICLES OF DISSOLUTION
OF
COASTAL ENDEAVORS, LLC**

Pursuant to Section 605.0707, Florida Statutes, **COASTAL ENDEAVORS, LLC**, a Florida limited liability company (the "Company"), submits the following Articles of Dissolution:

**ARTICLE I
NAME**

The name of the Company is: **COASTAL ENDEAVORS, LLC**.

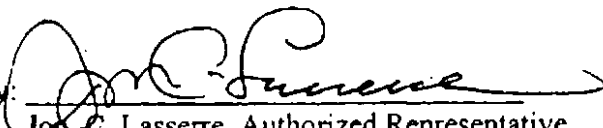
**ARTICLE II
ADOPTION OF DISSOLUTION**

The occurrence that resulted in the Company's dissolution was the requisite written consent of all the members of the Company in accordance with Section 605.0701(2), Florida Statutes.

**ARTICLE III
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed by the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused these Articles of Dissolution to be executed on April 20, 2022.

By: 
Jon C. Lasserre, Authorized Representative

APPROVED
AND
FILED
2022 APR 20 PM 4:44
CLERK OF THE COURT
JANICE L. HARRIS

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**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION
OF
COASTAL ENDEAVORS, LLC**

This Notice of Limited Liability Company Dissolution is submitted by **COASTAL ENDEAVORS, LLC**, a dissolved Florida limited liability company (the "Company"), for resolution of payment of unknown claims against this Company as provided in Section 605.0712, Florida Statutes. Persons who have claims against the Company which are not known to the Company are requested to present them in accordance with this Notice.

1. Name of Limited Liability Company: **COASTAL ENDEAVORS, LLC.**
2. Date of Dissolution will be the date the dissolution is filed by the Secretary of State of the State of Florida.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of the claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the Company to evaluate the merits of such claim.
4. Claims made pursuant to this Notice of Limited Liability Company Dissolution must be in writing.
5. Mailing address where claims can be sent:

3980 S. Fletcher Avenue
Fernandina Beach, FL 32034
6. A claim against the above named limited liability company will be barred unless an action to enforce the claim is commenced within four (4) years after the filing of this Notice of Limited Liability Company Dissolution.

[Signature Page to Follow]

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IN WITNESS WHEREOF, this Notice of Limited Liability Company Dissolution has been executed on behalf of the Company by the undersigned.

By: 
Jon C. Lasserre, Authorized Representative

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