## 118000 37739

(Requestor's Name)					
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(Address)					
ty/State/Zip/Phone	e #)				
☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	s of Status				
Special Instructions to Filing Officer:					
	dress)  dress)  y/State/Zip/Phone WAIT  siness Entity Nare cument Number)  Certificates				

Office Use Only



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2022 AFR 8 - STA 5505

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Coastwinds Investments LLC					
JOBS:	(Name of Limited Liability Company)					
	closed Articles of Dissolution and fee(s) are submitted return all correspondence concerning this matter to the					
	Stephen Mitchell					
	(Name of Person)					
	Coastwinds Investments LLC					
	(Firm/Company)					
	5627 Lake Shore Village Circle					
	(Address)					
	Lake Worth, Florida 66463					
	(City/State a	nd Zip Code)				
For fur	ther information concerning this matter, please call:					
	Stephen Mitchell	508 5622555 at ()				
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)				
Enclose	ed is a check for the following amount:					
į	\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability	ity company is			
Coastwinds Investments LLC				
2. The Articles of Organization	n were filed on Novembe	r 30.02018 and assigned		
document number L1800027	7339			
Note: If the date inserted in t listed as the document's effec	date cannot be prior to or mor his block does not meet the tive date on the Departmen	e than 90 days later than date document is received applicable statutory filing requirements, this date of State's records.	ate will not be	
4. A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limite copy 605.0707 on back of	ed liability company's dissolution pursuant over letter).	to section	
This LLC was formed to flip he	ouses in SE Florida. In 3 ye	ars, no business transactions have occured		
			<u>ω</u>	
This LLC was formed to thip ho	iuses in SE Florida. In 3 yea	ars, no business transactions have occured		
This LLC was formed to flip ho	uses in SE Florida. In 3 yea	urs, no business transactions have occured		
			<u> </u>	
5. If there are no members, entactivities and affairs:	Stephen Mitchell	of the person appointed to wind up the cor	npany`s	
5627 Lake Shore Village Circle				
	Lakeworth, FL. 33463			
6. Signature of an authorized pabove to wind up the company	person or if there are no r's activities and affairs:	nembers, the signature of the person appoin	nted and listed	
Steph 11	nither	Stephen Mitchell		
Signature		Printed Name		

**FILING FEE: \$25.00**