

L19000045593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

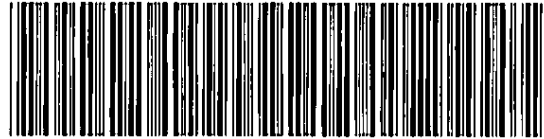
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200368870632

FILED
2021 OCT -8 PM 2:55
CLERK OF STATE
TALLAHASSEE, FL
RECEIVED
2021 OCT -7 PM 4:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

Q# 112021

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: 325 COCOHATCHEE LLC
Ref. Number: L19000045593

We have received your document for 325 COCOHATCHEE LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Notice of dissolution cannot be blank.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 321A00024504

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160

AMOUNT: \$25.00

Authorized Signature: _____

325 Cocohatchee LLC L1900045593

Corporation Name & Document Number, (if known):

(Business Name)

Document#

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy of Articles of Organization**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ Other

___ **CORP**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ **Conversion**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 325 COCOHATCHEE 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:

Michael A. Scott, Esq.

(Name of Person)

Dorcey Law Firm, PLC

(Firm/Company)

10181 Six Mile Cypress Pkwy, Suite C

(Address)

Fort Myers, FL 33966

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Scott, Esq.

(Name of Person)

239

418-0169

at (_____) _____

(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 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 company is

325 COCOHATCHEE LLC

2. The Articles of Organization were filed on 02/14/2019 and assigned

document number 1.19000045593

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).

Unanimous consent of the membe(s)

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

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CLERK OF STATE
TALLAHASSEE, FL

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:

DocuSigned by:

Chadd Hodges

CA22378*94C3E5

Signature

Chadd Hodges

Printed Name

FILING FEE: \$25.00