

L19000095099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

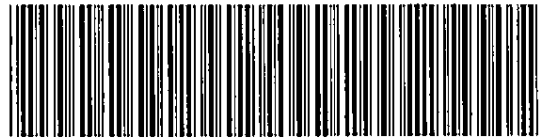
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800441412008

LLC dissolution

01/13/25--01001-012 **25.00

FILED
2025 JAN 13 AM 10:25
CLERK OF COURT
STATE OF TEXAS

RECEIVED
JAN 24 2025

2025 JAN 13 PM 12:05

00789, 02319, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2025

MOLLY ARNTSON, ESQ.
AINSWORTH & CLANCY, PLLC
1826 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

SUBJECT: COQUITOFL, LLC
Ref. Number: L19000095099

We have received your document for COQUITOFL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Annette Ramsey
OPS

Letter Number: 425A00000927

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COQUITOFL, 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:

Molly Arntson, Esq.

(Name of Person)

Ainsworth & Clancy, PLLC

(Firm/Company)

1826 Ponce de Leon Boulevard

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Molly Arntson

305

600-3816

at (_____) _____

(Name of Person)

(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

FILED
2025 JAN 13 AM 10:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
COQUITOFL, LLC

2. The Articles of Organization were filed on 04/05/2019 and assigned
document number L19000095099

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).

Consent of the members

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. 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:

Molly Ann
Signature

Molly Ann
Printed Name

FILING FEE: \$25.00