8/15/2019

Division of Corporations



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(((H19000243568 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SODL & INGRAM PLLC Account Number : I20190000071

Phone : (904)257-5777 Fax Number : (904)257-5777

LLC DISSOLUTION OR WITHDRAWAL COASTAL REGIONS POINT MEADOWS LLC

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COVER LETTER

TO: Registration Section Division of Corporations

COASTAL REGIONS POINT MEADOWS 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:

Andrew M. Sodl			
(Num	ne of Person)		-
Sodl & Ingram PLLC			
·	u/Company)		•
233 E Bay Street, Suite 1113	• .		-
	Address)		
Jacksonville, FL 32202			· .
(City/Sta	te and Zip Code)		
For further information concerning this matter, please call:			
Andrew M. Sodl	904	257-5777 ode & Daytime Telephone Num	•
(Name of Person)	(Aren Co	ode & Daytime Telephone Num	ber)
Enclosed is a check for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution opy (additional copy is enclose	

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

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(((H19000243568 3))) ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	COASTAL REGIONS POINT MEADOWS LLC			
2.	The Articles of Organization were filed on July 3, 2019 and assigned			
	document number L19000164220			
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 b listed as the document's effective date on the Department of State's records.			
(A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	The sole member of the limited liability company determined that it is in the best interest of the limited liability			
	company to dissolve.			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:			
	7			
S. Iis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:			
	Andrew M. Sodl			
	Signature Printed Name of Authorized Representative of			
	FILING FEE: \$25.00			

Member