

L20000009832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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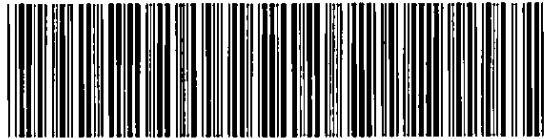
(Business Entity Name)

(Document Number)

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2020 JAN 27 PM 2:02  
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JAN 28 2020

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 1/27/20**

**NAME: SHORELINE TOWNHOUSE NO. 1, LLC**

**TYPE OF FILING: DISSOLUTION**

**COST: 55.00**

**RETURN: CERTIFICATE OF DISSOLUTION & CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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*\* File First \**

**KEVIN M. WHEELER**  
317 DORRINGTON BOULEVARD  
METAIRIE, LOUISIANA 70005-3815

Telephone: (504) 837-3700  
Facsimile: (504) 837-3702  
Cell Phone: (504) 908-8000  
Email: kevinmwheeler@outlook.com

27 January 2020

**BY HAND**

Registration Section  
Division of Corporations  
**FLORIDA DEPARTMENT OF STATE**  
The Centre of Tallahassee  
2415 North Monroe Street  
Suite 810  
Tallahassee, Florida 32303

**Re: Release of Name: Shoreline Townhouse No. 1, LLC**

Gentlemen:

I am the Sole Member and Sole Manager of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), of which the Articles of Organization were filed on January 2020, and assigned Document Number L20000009832.

I am concurrently filing attached the Articles of Dissolution of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), and authorize, consent, and rec Application by Foreign Limited Liability Company: Shoreline Townhouse No. 1, LLC, (a Louisiana Limited Liability Company), for which I am conce Florida, and so that my Louisiana Limited Liability Company may use Authorized to Transact Business in Florida.

Should you have any questions, or desire or need any additional information, that you will promptly communicate with me by telephone: (504) 837-3700.

With best wishes, and kindest personal regards, I remain,

Respectfully,  
*K*

KMW/me

**KEVIN M. WHEELER**

317 DORRINGTON BOULEVARD  
METAIRIE, LOUISIANA 70005-3815

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27 January 2020

***BY HAND***

Registration Section  
Division of Corporations  
FLORIDA DEPARTMENT OF STATE  
The Centre of Tallahassee  
2415 North Monroe Street  
Suite 810  
Tallahassee, Florida 32303

***Re: Release of Name: Shoreline Townhouse No. 1, LLC***

Gentlemen:

I am the Sole Member and Sole Manager of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), of which the Articles of Organization were filed on January 2, 2020, and assigned Document Number L20000009832.

I am concurrently filing attached the Articles of Dissolution of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), and authorize, consent, and request that the Florida Department of State, Division of Corporations, ***RELEASE THE NAME: Shoreline Townhouse No. 1, LLC*** to my Louisiana Limited Liability Company: Shoreline Townhouse No. 1, LLC, (a Louisiana Limited Liability Company), for which I am concomitantly filing the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and so that my Louisiana Limited Liability Company may use that name to become Authorized to Transact Business in Florida.

Should you have any questions, or desire or need any additional documentation, I trust that you will promptly communicate with me by telephone: (504) 908-8000.

With best wishes, and kindest personal regards, I remain,

Respectfully,



Kevin M. Wheeler

KMW/me

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shoreline Townhouse No. 1, 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:

Kevin M. Wheeler

(Name of Person)

(Firm/Company)

317 Dorrington Boulevard

(Address)

Metairie, Louisiana

(City/State and Zip Code)  
**70005**

For further information concerning this matter, please call:

Kevin M. Wheeler

(Name of Person)

at ( 504 ) 908-8000  
(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

Shoreline Townhouse No. 1, LLC

2. The Articles of Organization were filed on 01/02/2020 and assigned

document number L20000009832

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).

The undersigned, comprising all of the Members of the Company, consents to the

Dissolution of the Company, consistent with 605.0701(2) and 605.0707, Florida Statutes.

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:

 SOLE MEMBER  
Signature

Kevin M. Wheeler, Sole Member  
Printed Name

**FILING FEE: \$25.00**