

L20000304756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

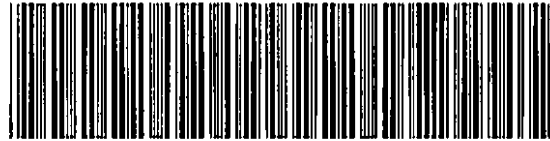
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/29/22--01015--029 **25.00

2022 AUG 29 PM 12:59

Dissolution

SEP 20 2022

DOCKING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Space coast Home inspections, 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:

Carlos Navedo

(Name of Person)

space coast Home inspections LLC
(Firm/Company)

2021 Adirondack circle
(Address)

MELBURN FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Navedo / surviving spouse at (321) 408 4881
(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

2022 AUG 29 PM 12:59

FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Space Coast Home Inspections, LLC

2. The Articles of Organization were filed on 09/28/2020 and assigned

document number L20000304756

3. The delayed effective date the dissolution is not effective on the date of filing: 9/1/2022
(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).

owner of company died on 6/4/2022. please

see enclosed death certificate.

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

2021 Adirondack circle

Melbourne FL 32935

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:

Christina Navedo
Signature

Christina Navedo
Printed Name

FILING FEE: \$25.00

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022108105

DATE ISSUED: JUNE 13, 2022

DECEDENT INFORMATION

DATE FILED: JUNE 13, 2022

NAME: CARLOS RUBEN NAVEDO

DATE OF DEATH: JUNE 4, 2022

SEX: MALE SSN: 583-53-6967 AGE: 047 YEARS

DATE OF BIRTH: JANUARY 3, 1975

BIRTHPLACE: FLORIDA BARCELONETA, PUERTO RICO

PLACE OF DEATH: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: MELBOURNE REGIONAL MEDICAL CENTER

LOCATION OF DEATH: MELBOURNE, BREVARD COUNTY, 32935

RESIDENCE: 2021 ADIRONDACK CIRCLE, MELBOURNE, FLORIDA 32935, UNITED STATES COUNTY: BREVARD

OCCUPATION, INDUSTRY: POLICE, LAW ENFORCEMENT

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? YES, PUERTO RICAN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: CHRISTINA LARA

FATHER'S/PARENT'S NAME: GREGORIO NAVEDO

MOTHER'S/PARENT'S NAME: GLADYS BARRETO

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CHRISTINA NAVEDO

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 2021 ADIRONDACK CIRCLE, MELBOURNE, FLORIDA 32935, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JANORISE STONE, F044261

FUNERAL FACILITY: STONE FUNERAL HOME - COCOA F065839

516 KING ST, COCOA, FLORIDA 32922

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ORLANDO CREMATORY, LLC

ORLANDO, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: DISTRICT MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 221800502

TIME OF DEATH (24 HOUR): 0707

DATE CERTIFIED: JUNE 7, 2022

CERTIFIER'S NAME: SAJID SYED QAISER

CERTIFIER'S LICENSE NUMBER: ME76234

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: PENDING INVESTIGATION

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. PENDING

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

AUTOPSY PERFORMED? YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? NO

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE