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(Re	equestor's Name)			
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: East Coast X (Name of Limited)	Press 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:						
	S					
Vincont Albert Brade Name	ey JR					
(Name of Herson)						
East Coast XPress LLC (Firm/Company)						
(Firm/C	Company)					
180 Sandy bench lane (Address)						
(Ad	dress)					
Attantic Beach FL 32233						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Vincont About bradley Jrv (Name of Person)	at (904) 631 - 6308					
(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 &					
, and the second	Certified Copy (additional copy is enclosed)					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee					
F & J & 1317% 1117/J						

Tallahassee, FL 32314

2415 N. Monroe Street, Suite **8**10 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is
	Gast Coast Xfress LLC
2.	The Articles of Organization were filed on August 16, 2021 and assigned document number L21000 366332
	The delayed effective date the dissolution if not effective on the date of filing: APRIL 15, 2024 (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). AS Inflation Rises in Society I cannot afrond 200 maintain this business as well as support my functions.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 180 Sandy Beach lane Attentic beach Florida, 32233
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Vint Brush. Vincent Albert Brailley Jr

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: 6054 (OGS+ XPress LCC	_	
Document number of Limited Liability Company is: L21000 366332	A SEC	024 A
Date of dissolution was: 4-15-2024		1024 /PR 22
Description of information that must be included in a written claim:		
Description of information that must be included in a written claim: I am closing this business down as I cannot: afford to maintain with this societies inflation	- 2 r .	9: 59
afford to maintain with this societies inflatio	<u>'</u>	
as well as support my children		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation	ns)	
180 Sandy beach lane		
Atlantic Beach Florida 32233		

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing