

L23000451049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

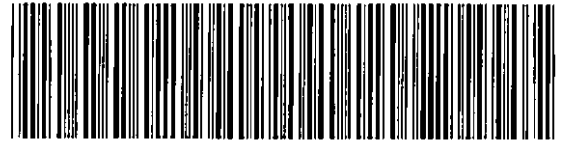
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

10/17  
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no signature form

Office Use Only



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2024 OCT -7 AM 10:15  
10/17/24

OCT 16

S. PRATHER

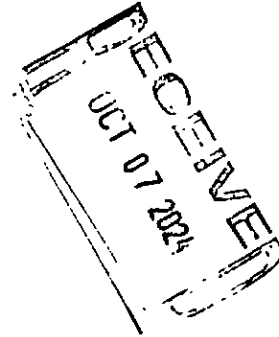


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2024

LIGHTHOUSE CONCIERGE, LLC  
SCOTT WILBRETT  
1333 3RD AVENUE SOUTH, #403  
NAPLES, FL 34102

SUBJECT: LIGHTHOUSE CONCIERGE, LLC  
Ref. Number: L23000451049



We have received your document for LIGHTHOUSE CONCIERGE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 324A00015784

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lighthouse Concierge, 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:

Scott Wilbrett

(Name of Person)

Lighthouse Concierge, LLC

(Firm/Company)

1333 3rd Avenue South, #403

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Wilbrett

(Name of Person)

at 239, 438-8142

(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

Lighthouse Concierge, LLC

2. The Articles of Organization were filed on 9/28/2023 and assigned

document number L23000451049

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).

No longer doing business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Scott Wilbrett

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:

Scott Wilbrett  
Signature

Scott Wilbrett  
Printed Name

**FILING FEE: \$25.00**

FILED  
2024-10-07 PM 1:15