

L23 000540914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

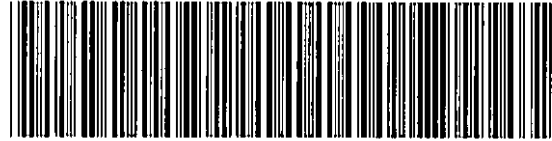
(Document Number)

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REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

R. HUNT

01/30/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNSPOILED COAST TREASURES, 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:

STACY SMALL

(Name of Person)

SMITH THOMPSON SHAW

(Firm/Company)

3520 THOMASVILLE ROAD - 4TH FLOOR

(Address)

TALLAHASSEE, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

STACY SMALL

(Name of Person)

850

893-4105

at ()

(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

STATE
TALLAHASSEE, FL
JUN 10 9:39 AM '03

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
UNSPOILED COAST TREASURERS, LLC

2. The Articles of Organization were filed on 12/05/2023 and assigned
document number 123000540914

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 COMPANY HAS NOT AND WILL NOT CONDUCT BUSINESS IN FLORIDA

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

65 WALKER CREEK DRIVE

CRAWFORDVILLE, FL 32327

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:


Signature

PHILIP M. BLACK, SR.

Printed Name

FILING FEE: \$25.00