P20000081238

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations COASTAL CAPITAL PALM LLC SUBJECT: P20000081238 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RITA RINDONE-GOICOURIA (Name of Contact Person) COASTAL CAPITAL PALM LLC (Firm/Company) 9725 SW 115TH COURT (Address) MIAMI, FL 33176 (City/State and Zip Code) For further information concerning this matter, please call: at (____ RITA RINDONE-GOICOURIA (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: **■** \$35 Filing Fee \$\square\$ \$43.75 Filing Fee & \$\square\$ \$43.75 Filing Fee & \$\square\$ \$52.50 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: **Street Address:** Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	COASTAL CAPITAL PALM LLC		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: One more than 90 days after dissolution file date) 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.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
	Signature: (By addirector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	RITA RINDONE-GOICOURIA		
	(Typed or printed name of person signing)		
	MANAGER		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

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

Name of Corporation:
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
DECEMBER 12, 2023
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
NAME AND FULL ADDRESS AND CONTACT INFORMATION FOR ALLEGED CLAIMANT, ALONG WITH
PROOF OF THE CLAIM, THE AMOUNT CLAIMED AND DATE OF CLAIM.
 -
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
%RITA RINDONE-GOICOURIA
9725 SW 115TH COURT
MIAMI, FLOIRDA 33176
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
RITA RINDONE-GOICOURIA
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00