

LOS 0000 32548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

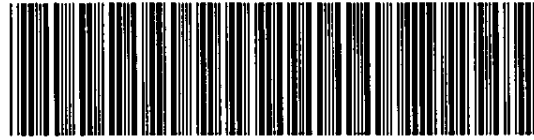
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/14/14--01013--009 **25.00

STATE OF FLORIDA
TALLAHASSEE
14 MAR 14 2014

J. Stivers MAR 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4229 SEAGRAPE DRIVE, 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:

Alan E. Krinzman

(Name of Person)

(Firm/Company)

8930 SW 115 Terrace

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan E. Krinzman

(Name of Person)

at (305) 567-5576

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
4229 SEAGRAPE DRIVE, LLC

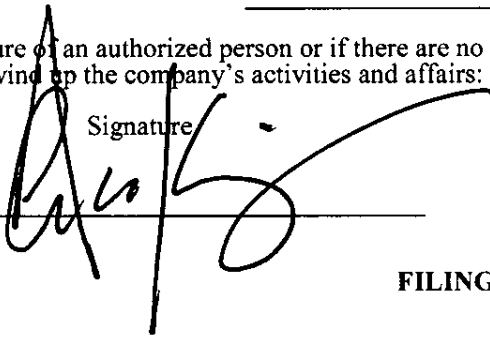
2. The Articles of Organization were filed on 05/26/2005 and assigned
document number L05000052548

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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 is no longer conducting 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:

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 

Printed Name

Alan E. Krinzman

FILING FEE: \$25.00

MAY 26 2005
STATE OF FLORIDA