

100000 007 905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

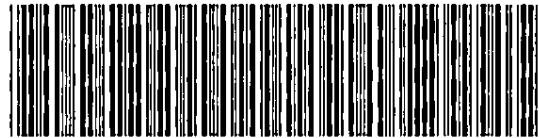
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

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Office Use Only



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10/09/19--01007--027 \*\*25.00

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OCT 29 2019

2019 OCT -9 PM 1:48

RECEIVED

*U/D w/notice*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sienna Cove, 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:

Jay W. Livingston, Esq.

(Name of Person)

Livingston & Sword, P.A.

(Firm/Company)

P.O. Box 351065

(Address)

Palm Coast, Florida 32135

(City/State and Zip Code)

For further information concerning this matter, please call:

Jay W. Livingston

(Name of Person)

at 386 439-2945

(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

Sienna Cove, LLC

2. The Articles of Organization were filed on June 30, 2000 and assigned

document number L00000007905

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.

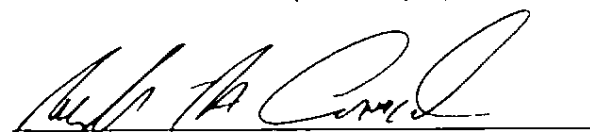
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

A majority of the members of the Company have consented to the dissolution as required by the Company's

Operating Agreement.

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

Aleta A. Gerard

Printed Name

**FILING FEE: \$25.00**

2019 OCT 09 PM 1:44

FILED

## 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: Sienna Cove, LLC

Document number of Limited Liability Company is: L000000007905

Date of dissolution was: 2/19

Description of information that must be included in a written claim:

(1) The name and address of the Claimant, \_\_\_\_\_

(2) The substance of the claim, and \_\_\_\_\_

(3) The monetary amount of the claim. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Sienna Cove, LLC

C/O Aleta A. Gerard

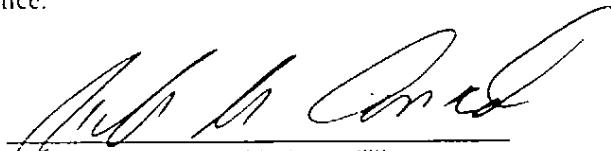
P.O. Box 352034

Palm Coast, Florida 32135-2034

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.

Aleta A. Gerard

Printed Name of the Person Filing



Signature of the Person Filing