

# LO2000009435

(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:

Name  
Availability

Document  
Examiner

DCC

Indater

DCC

Office Use Only

er  
er

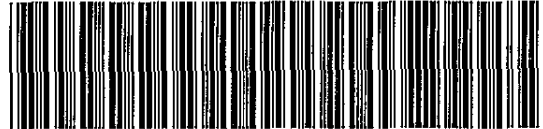
DCC

to no. ledgement

DCC

W. P. Verifier

DCC



900021695159

07/25/03--01007--019 \*\*25.00

FILED

03 JUL 25 AM 8:00

SECRET, 4 OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 17, 2003

SEARAY PROPERTIES LLC  
1727 MARYLAND AVE., STE 2  
ORMOND BEACH, FL 32174

SUBJECT: SEARAY PROPERTIES LLC  
Ref. Number: L02000009435

We have received your document for SEARAY PROPERTIES LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 203A00037274

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

1. The name of the limited liability company is SEARAY PROPERTIES LLC

2. The effective date of the limited liability company's dissolution is DECEMBER 31, 2002

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

THE ENTITY NEVER STARTED BUSINESS AND WILL NOT DO SO.

4. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their  
respective rights and interests.

6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may  
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the  
dissolution:

Signature

Typed or Printed name

Rhonda J. Hudson  
Chris Boice

RHONDA HUDSON

CHRIS BOICE

**Filing Fee: \$25.00**

FILED  
03 JUL 25 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009435

1. Entity Name

SEARAY PROPERTIES LLC



Principal Place of Business

900 BROOKSIDE DR.  
ORMOND BEACH FL 32174

Mailing Address

900 BROOKSIDE DR.  
ORMOND BEACH FL 32174

2. Principal Place of Business

1727 Maryland Ave.

3. Mailing Address

1727 Maryland Ave.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Ormond Beach

City & State

Ormond Beach

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

4. FEI Number

59-2919117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HUDSON, DAVID  
900 BROOKSIDE DR.  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Rhonda F. Hudson

Street Address (P.O. Box Number is Not Acceptable)

900 Brookside Dr.

City

Ormond Beach

FL

Zip Code

32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rhonda F. Hudson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HUDSON, DAVID  
900 BROOKSIDE DR.  
ORMOND BEACH FL 32174 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Boice, Chris  
3439 Longleaf Road  
Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HUDSON, RHONDA  
900 BROOKSIDE DR.  
ORMOND BEACH FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

*Rhonda F. Hudson*

Rhonda F. Hudson

386-672-615