

L06000080196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

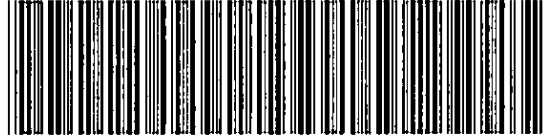
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/27/22--01004--008 \*\*25.00

FILED  
2022 DEC 27 AM 11:26  
ESTATE  
CLERK, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEASIDE Home REPAIRS 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:

MARC CADARETTE  
(Name of Person)

SEASIDE Home REPAIRS LLC  
(Firm/Company)

6501 TURTLEMOUND RD.  
(Address)

NEW SMYRNA BEACH, FL. 32169  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marc Cadarette at (386) 405-3962  
(Name of Person) (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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2022 DEC 27 AM 11:26

CLERK OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

SEASIDE HOME REPAIRS LLC

2. The Articles of Organization were filed on DEC 19, 2022 and assigned

document number 406000080196

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).

RETIREMENT

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

6501 TURTLEMOUND RD

NEW SMYRNA BEACH FL 32169

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.

Marc Cadarette  
Signature

MARC CADARETTE  
Printed Name

FILING FEE: \$25.00