

L11000105682

(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



000258827700

04/15/14--01003--026 **25.00

2014 APR 15 10:37
LEGAT
BOSTON

B. BOSTICK

APR 16 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seas to Mountains 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:

Cindy Zimmerman
(Name of Person)

(Firm/Company)

917 Lillian Circle
(Address)

State College PA 16801
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Zimmerman at (814) 360.2668
(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/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

Seas to Mountains LLC

2. The Articles of Organization were filed on _____ and assigned

document number L11000105682
Tracking # CC9775596420

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)

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 website was not working properly
so no sales.

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

Cindy Zimmerman
917 Lillian Circle
State College PA 16801

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:

Cindy Zimmerman
Signature

Cindy Zimmerman
Printed Name

FILING FEE: \$25.00