

L1000119787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

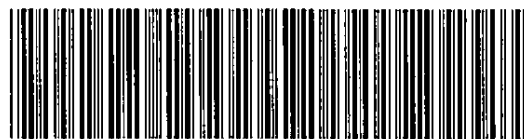
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 JUL 10 AM 7:49
TALLAHASSEE, FLORIDA

JUL 12 2017

J. SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Seaside Operations, 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:

Eileen Pennington

(Name of Person)

Blalock Walters, P.A.

(Firm/Company)

802 11th Street West

(Address)

Bradeton, Florida 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen Pennington

(Name of Person)

at (941) 748-0100

(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

Seaside Operations, LLC

2. The Articles of Organization were filed on October 19, 2011 and assigned

document number L1000119787

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)

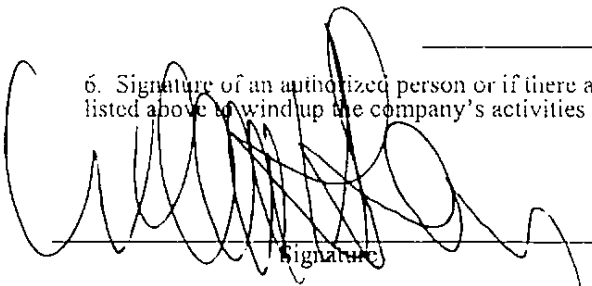
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

consent of sole member

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

William H. Lawson, III

Printed Name

FILING FEE: \$25.00

17 JUL 10 AM 7:49
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

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: Seaside Operations, LLC

Document number of Limited Liability Company is: L1000119787

Date of dissolution was: 6/30/2017

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

1. Name, address and telephone number of claimant
2. Amount of the claim
3. Description of the contract upon which the claim is based or the circumstances out of which claim arose

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

Anthony D. Bartirome, Esq.

Blalock Walters, P.A.

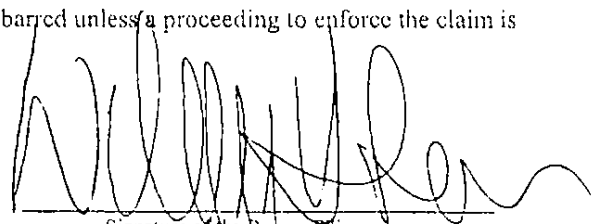
802 11th Street West

Bradenton, Florida 34205

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.

William H. Lawson, III

Printed Name of the Person Filing



Signature of the Person Filing