

L12 0000 14605

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 11 2016

J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SE ARBORICULTURE 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:

Eric LaValle

(Name of Person)

SE ARBORICULTURE LLC

(Firm/Company)

2221 Williams Road

(Address)

Tallahassee Florida 32311

(City/State and Zip Code)

For further information concerning this matter, please call:

Eric LaValle

(Name of Person)

at ( 850 ) 322 7924

(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

SE ARBORICULTURE LLC

2. The Articles of Organization were filed on 1-31-2012 and assigned

document number L12000014605

3. The delayed effective date the dissolution if not effective on the date of filing: 4-4-2016  
(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).

Closed Business

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

Eric LaVaille

2221 Williams Rd

Tallahassee FL 32311

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TALLAHASSEE, FLORIDA

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

Eric LaVaille

Printed Name

**FILING FEE: \$25.00**