112000083085

(Requestor's Name)			
(,		
(A 14			
(Address)			
(Address)			
(C	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
/Ri	usiness Entity Name)		
(5)	usiness Entity (value)		
(Document Number)			
Certified Copies	_ Certificates of	Status	
Consider the street of the College Col			
Special Instructions to Filing Officer:			

Office Use Only



400295411544

02/16/17--01011--013 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

Seminole Consulting Arborists, 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:

Clifford J. Englert

(Name of Person)

Seminole Consulting Arborists, LLC

(Firm/Company)

11685 Camphor Way

(Address)

Seminole, FL 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

Cliff Englert

,₇727 \348-

(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		
	Seminole Consulting Arborists, LLC	·	
2.	2. The Articles of Organization were filed on June 22, 2	2012 and assigned	
	document number L12000083085	_	
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 b listed as the document's effective date on the Department of State's records.		
4.	4. A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of	ed liability company's dissolution pursuant to section cover letter).	
	Financial insolvency		
5.	5. If there are no members, enter the name and address	of the person appointed to wind up the remains	
	activities and affairs:		
		ATE S	
6. lis	6. Signature of an authorized person or if there are no n listed above to wind up the company's activities and aff	nembers, the signature of the person appointed and fairs: Clifford J. Englert	
Signature Printed Name		-	

FILING FEE: \$25.00