

L12000141400

(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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12/01/14--01012--015 **55.00

FILED
14 DEC -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

DEC -5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEAFIELD LANE ONE 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:

Kittric Motz, Esq.

(Name of Person)

Law Offices of Kittric Motz, P.C.

(Firm/Company)

P.O. Box 131

(Address)

Quogue, NY 11959

(City/State and Zip Code)

For further information concerning this matter, please call:

Kittric Motz

(Name of Person)

631

at ()

998-4610

(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**

FILED
DEC - 11 PM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SEAFIELD LANE ONE LLC

2. The Articles of Organization were filed on November 7, 2012 and assigned

document number L12000141400

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Consent of All Members as per 605.0701(2).

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

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:

Kittric Motz

Signature

Kittric Motz

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

FILED
14 DEC -1 AM 8:47
TREASURER OF STATE
TALLAHASSEE, FLORIDA

Name of Limited Liability Company: Seafield Lane One LLC

Document number of Limited Liability Company is: L12000141400

Date of dissolution was: November 10, 2014

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

1. Name of person incurring the liability on behalf of the LLC.

2. Facts supporting the claimed liability and the date the claim arose.

3. Name, address and contact information for the individual or entity to whom liability is
_____ claimed to be owed.

4. Amount of claim.

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

Seafield Lane One LLC

c/o Kittric Motz, Esq.

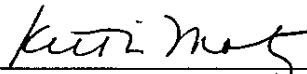
P.O. Box 131

Quogue, NY 11959

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.

Kittric Motz

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00