

112 000141412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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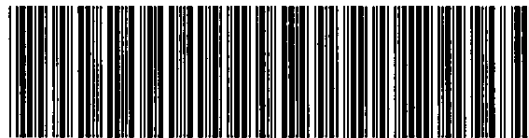
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEAFIELD LANE TWO 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

998-4610

at ( )

(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

SEAFIELD LANE TWO LLC

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

document number L12000141412

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**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA