

L12 000 159717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

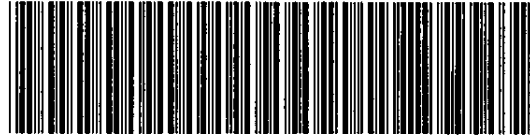
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 FEB -9 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 33 Seanest Village 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:

Stacey Schacter, Manager
(Name of Person)
Briannaco Investments LLC
(Firm/Company)
174 Watercolor Way, Suite 1-3-268
(Address)
Santa Rosa Beach, FL 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacey Schacter at (781) 929-5677
(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
33 Seanest Village LLC

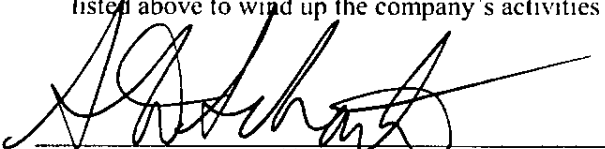
2. The Articles of Organization were filed on December 20, 2012 and assigned
document number L12000159317

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)

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).
Via consent of all the members 605.0701(2) of the Florida Statutes

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Stacey Schacter, 174 Watercolor Way, Suite 103-268, Santa

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

Stacey J. Schacter

Printed Name

FILING FEE: \$25.00

15 FEB - 9 AM 8:58
STATE OF FLORIDA
TALLAHASSEE

FILED