

**-L13000039871**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

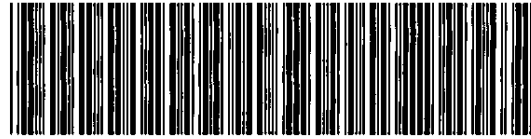
(Business Entity Name)

(Document Number)

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**FILED**  
14 MAR 26 PM 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 26, 2014

*P*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sheila J. Siegel, PL  
\_\_\_\_\_  
(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:

Sheila J. Siegel  
\_\_\_\_\_  
(Name of Person)  
  
\_\_\_\_\_  
(Firm/Company)  
  
P.O. Box 536304  
\_\_\_\_\_  
(Address)  
  
Orlando, FL 32853  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheila J. Siegel at ( 941 ) 350-4846  
\_\_\_\_\_  
(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

Sheila J. Siegel, PL

2. The Articles of Organization were filed on March 15, 2013 and assigned

document number L13000039871

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).

I thought I was going to start my own law firm, but then I received a job offer so

took that job and want to dissolve Sheila J. Siegel, PL.

*and briefly did SS*

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

Sheila J. Siegel

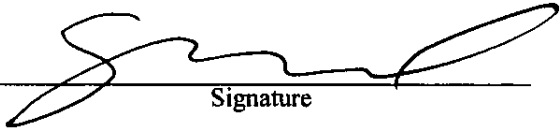
P.O. Box 536304

Orlando, FL 32853

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAR 26 PM 4:29

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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

Sheila J. Siegel

Printed Name

FILING FEE: \$25.00