

L13000068118



Dale Presten Seidman
926 Johnson Street
Hollywood, FL 33019

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

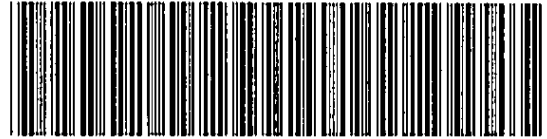
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20 NOV -3 PM 3:10
OFFICE OF THE CLERK
STATE OF FLORIDA
CORPORATION

Dissolution

NOV 09 2020

D CUSHING

926 Johnson St.
Hollywood, FL 33019

July 21, 2020

Seidman & Co. LLC

2020 JUL 28 PM 2:07

L13000068118

Dale Seidman

To whom it may concern,

My husband, Dale Seidman passed away
on March 4, 2020, after a long battle
with esophageal cancer. Please update
your records. Enclosed please find death
certificate copy. I tried calling many times !!

Thank you.

Helene H. Toll

REC'D
OFFICE OF STATE
REGISTRATION
20 NOV -3 PM 3:10



2020 OCT 10 10:55
FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2020

TOLL
HELENE H ~~POLL~~
926 JOHNSON STREET
HOLLYWOOD, FL 33019

SUBJECT: SEIDMAN & CO, LLC
Ref. Number: L13000068118

We have received your document for SEIDMAN & CO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

You need to file the attached articles of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00019477

Check enclosed
for 25⁰⁰.

Husband
is
Deceased.
Please DISSOLVE

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Seldman & Co LLC L 13000068119

2. The Articles of Organization were filed on _____ and assigned

document number 320A00019477

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 be listed as the document's effective date on the Department of State's records.

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).

Dale Seldman passed away on March 4, 2020

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

Helene Toll (wife)

926 Johnson St.

Hollywood FL 33019

(954) 683-8851

RECEIVED
NOV - 3 PM 3: 0

FLORIDA DEPARTMENT OF STATE
CORPORATION

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:

Helene H. Toll

Signature

Helene H. Toll

Printed Name

FILING FEE: \$25.00

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU OF VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020041032

DATE ISSUED: MARCH 12, 2020

DECEDENT INFORMATION

DATE FILED: MARCH 11, 2020

NAME: DALE PRESTON SEIDMAN
 AKA: DALE SEIDMAN AKA DALE P. SIEDMAN
 DATE OF DEATH: MARCH 4, 2020 SEX: MALE AGE: 059 YEARS
 DATE OF BIRTH: JANUARY 5, 1961 SSN: ***-**-1988
 BIRTHPLACE: PITTSBURGH, PENNSYLVANIA, UNITED STATES
 PLACE WHERE DEATH OCCURRED: HOSPICE
 FACILITY NAME OR STREET ADDRESS: SEASONS HOSPICE
 LOCATION OF DEATH: PEMBROKE PINES, BROWARD COUNTY, 33024
 RESIDENCE: 926 JOHNSON STREET, HOLLYWOOD, FLORIDA 33019, UNITED STATES
 COUNTY: BROWARD
 OCCUPATION, INDUSTRY: CFO/CPA, GLASS/ACCOUNTING
 EDUCATION: MASTERS DEGREE EVER IN U.S. ARMED FORCES? NO
 HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN
 RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED
 SURVIVING SPOUSE NAME: HELENE H TOLL
 FATHER'S/PARENT'S NAME: STANLEY SEIDMAN
 MOTHER'S/PARENT'S NAME: JANICE COGAN

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: HELENE H TOLL
 RELATIONSHIP TO DECEDENT: WIFE
 INFORMANT'S ADDRESS: 926 JOHNSON STREET, HOLLYWOOD, FLORIDA 33019, UNITED STATES
 FUNERAL DIRECTOR/LICENSE NUMBER: MARK P GINSBERG, F020289
 FUNERAL FACILITY: LEVITT-WEINSTEIN MEMORIAL CHAPEL- 72ND AVE F047573
 3201 NW 72ND AVE, HOLLYWOOD, FLORIDA 33024
 METHOD OF DISPOSITION: CREMATION
 PLACE OF DISPOSITION: EVERGLADES CREMATORIUM
 WEST PARK, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE
 TIME OF DEATH (24 HOUR): 1620 DATE CERTIFIED: MARCH 11, 2020
 CERTIFIER'S NAME: MALIKA RAHAMAN
 CERTIFIER'S LICENSE NUMBER: ME131154
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2021413738

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD OR FILE IN THIS OFFICE.
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