

L13000071754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05/12/14--01011--005 \*\*35.00

06/25/14--01013--008 \*\*25.00

B. BCSTICK

JUN 27 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stuart Seidel, 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:

Stuart Seidel  
(Name of Person)

Stuart Seidel, LLC  
(Firm/Company)

1155 Broken Sound Parkway, Unit E  
(Address)

Boca Raton, FL 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stuart Seidel at ( 561 ) 998-9983  
(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

Stuart Seidel, LLC

2. The Articles of Organization were filed on 5/16/13 and assigned

document number L13000071784

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).

No activity in LLC

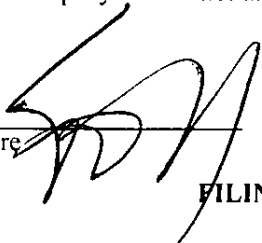
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Stuart Seidel

1155 Broken Sound Parkway Unit E

Boca Raton, FL 33487

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



Stuart Seidel

Printed Name

**FILING FEE: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2014

STUART SEIDEL  
1155 BROKEN SOUND PARKWAY  
UNIT E  
BOCA RATON, FL 33487

SUBJECT: STUART SEIDEL, LLC  
Ref. Number: L13000071784

We have received your document for STUART SEIDEL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 614A00011897