

L17 0008 54171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

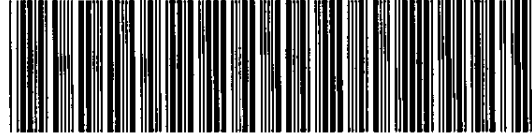
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/15--01035--010 **25.00

15 MAY -5 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: Sea Breeze Liquor and Wine 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:

Robert Sasovetz
(Name of Person)

Sea Breeze Liquor and Wine
(Firm/Company)

2391 South McCall Rd
(Address)

Englewood FL 34224
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Sasovetz at (941) 662-1376
(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

Sea Breeze Liquor and Wine LLC

2. The Articles of Organization were filed on 11/1/2013 and assigned

document number L13000154171

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).

Sales were too low to sustain
the off season.

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

Robert Sasovetz

145 Brig Cir. East

Placida FL 33946

FILED
05 MAY - 5 AM 7:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Robert Sasovetz

Printed Name

FILING FEE: \$25.00