

214 000 123 662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

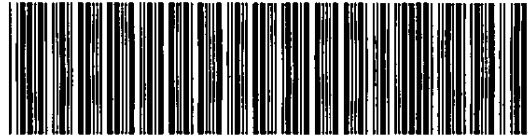
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



1.00265207661

10/10/14--01007--010 **25.00

FILED
14 OCT 10 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEGA I 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:

RUBEN D. TORO

(Name of Person)

RUBEN TORO P.A.

(Firm/Company)

7901 KINGSPONTE PKWY STE. 31

(Address)

ORLANDO FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN D. TORO

(Name of Person)

407

370-6445

at ()

(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

SEGA I LLC

2. The Articles of Organization were filed on 08/07/2014 and assigned

document number L14000123662

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).

PARTNERSHIP STATUS WAS DISSOLVED VOLUNTARILY BY PARTNERS

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

9622 SILVER BUTTONWOOD ST.

ORLANDO FL 32832

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

Andres E. Iriarte Valbuena

Printed Name

FILING FEE: \$25.00

14 OCT 10 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED