

L14000164827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

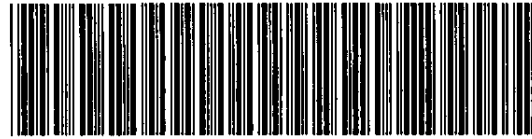
(Business Entity Name)

(Document Number)

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K. SALY

FEB 24 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seel Services, 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:

Jeanette M Otulakowski

(Name of Person)

Seel Services, LLC

(Firm/Company)

1309 Timberidge Loop S

(Address)

Lakeland FL 33809

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeanette M Otulakowski at 386 453-7948

(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

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TALLAHASSEE, FLORIDA

- Seel Services, LLC

- document number L14000164827

- ## We are retiring

- Jeanette M Otulakowski

- Jeannette M. Otulakowski JEANNETTE M OTULAKOWSKI  
Signature Printed Name
- FILING FEE: \$25.00**

**FILING FEE: \$25.00**