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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		

SUBJECT: Seymour Landscapes 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:

Philip R Samour (Name of Person)			
(Name of Person)			
Scymour Landscapes LLC (Firm/Company)			
(Firm/Company)			
337 Lewis street #C			
(Address)			
Fort Walton Beach FL 32547			
(City/State and Zip Code)			

For further information concerning this matter, please call:

Phillip Seymour at (850) 736-5217
(Namd 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	
Seymour Landscapes LLC	,
2. The Articles of Organization were filed on 67/08/2015	and assigned
document number <u>L 1500011 753 1</u>	
3. The delayed effective date the dissolution if not effective on the date of (effective date cannot be prior to or more than 90 days later than Note: If the date inserted in this block does not meet the applicable statutory for listed as the document's effective date on the Department of State's records.	n date document is received for filing)
4. A description of occurrence that resulted in the limited liability compan 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	y's dissolution pursuant to section
Could not find clients	<u> </u>
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	1888 1888 1888 1888 1888 1888 1888 188
	FLO I
5. If there are no members, enter the name and address of the person appoint	nted to wind up the company's
activities and affairs: Philip Seymour	
337 Lewis street	# C
Fort Walton Beach	
6. Signature of an authorized person or if there are no members, the signature above to wind up the company's activities and affairs:	ure of the person appointed and
Phillip Signature Phillip Pr	Seymour rinted Name
	•

**FILING FEE: \$25.00**