LIS000 171281

(Requestor's Name)			
(Address)			
(Addless)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J DENNIS			
MAY 1 8 2023			

Office Use Only



600404402366

SEPRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	ion of Limited Liabilty Comp	any	
DOCUMENT NU	MBER:		
The enclosed Notic	e of Limited Liability C	Company Dissolution and	d fee are submitted for filing.
Please return all con	respondence concerning	this matter to the followi	ng:
Sarah E. Kelly			
	(Name of C	Contact Person)	
SEK Advisors LLC			
	(Firm	/Company)	
548 S. Hampton Avenu	ie		
	(Ad	dress)	
Orlando, FL 32803			
	(City/State	e and Zip Code)	
For further informa	tion concerning this matt	er, please call:	
Sarah E. Kelly		at (⁴⁰⁷) 467-	3008
(Name o	f Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check	for the following amour	it:	
∑i\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status & Certified
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address Registration S Division of C The Centre of	Section orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limit	sed Liability Company:sex Advisors LLC		
Dacument nun	nber of Limited Liability Company is: L1500017	71281	
	12/31/2022 Ition was:		
Description of	information that must be included in a written	claim:	
No claims know	vn.		,
	<u> </u>		
Mailing addre	ss where claims can be sent: (Claims cannot be Sarah E. Kelly	sent to the Division of Corporatio	ns)
	548 S. Hampton Avenue		
	Orlando, FL 32803		
			<u> </u>
A claim again: commenced w	st the above named limited liability company within 4 years after the filing of this notice.	fill be barred unless a proceeding t	o enforce the claim is
Sarah E. Kelly		Swall	
	Printed Name of the Person Filing	Signature of the Perso	on Filing