

**L17000198596**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

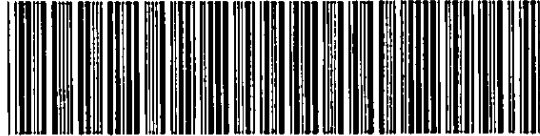
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/08/18--01015--007 \*\*33.00

**FILED**

2018 DEC -6 A 12:46

D. SCOTT  
DEC 12 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M + R SEASCAPE RENTALS 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:

Rita Johnson  
(Name of Person)

M + R SEASCAPE RENTALS LLC  
(Firm/Company)

122 SEASCAPE DR. UNIT 103  
(Address)

MIRAMAR BEACH, FL. 32550  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rita Johnson at ( 314 ) 497-4884  
(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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FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

M&R SEASCAPE RENTALS LLC

2. The Articles of Organization were filed on 9-25-2017 and assigned

document number L17000198596

3. The delayed effective date the dissolution is not effective on the date of filing: 11-30-18  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

SOLD PROPERTY (CONDO)

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

RITA JOHNSON

P.O. BOX 103

GRAFTON, IL.

62037

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:

Rita Johnson.  
Signature

RITA JOHNSON  
Printed Name

**FILING FEE: \$25.00**

FILED  
NOV 1 2018  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
NORTH DICKENS COUNTY