

L19000 121611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

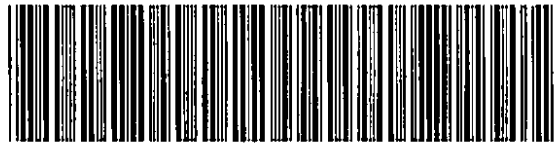
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/11/20--01020--013 **55.00

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CLERK OF STATE
20 AUG 11 AM 11:12
DIVISION OF CORPORATIONS

Dissolution

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HEARTSEASE ENTERPRISES 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:

Christopher Day

(Name of Person)

HEARTSEASE ENTERPRISES LLC

(Firm/Company)

842 SW CATALINA ST

(Address)

PALM CITY, FL 34990

(City/State and Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 11 AM 11:12

For further information concerning this matter, please call:

Christopher Day

(Name of Person)

at (**305**) **297-3462**

(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
HEARTSEASE ENTERPRISES LLC

2. The Articles of Organization were filed on 05/06/2019 and assigned
document number L19000121611

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)
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).

Closing Company

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

CHRISTOPHER DAY

842 SW CATALINA STREET

PALM CITY, FL 34990

USA

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

Christopher Day

Printed Name

FILING FEE: \$25.00