

L19000 127439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

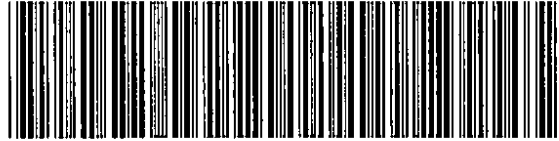
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL -8 AM 7:14

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D. BRUCE
AUG 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SEEROJINI LIFE COACHING SERVICES LLC

SUBJECT: _____
(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:

SEEROJINI ADAMS

(Name of Person)

SEEROJINI LIFE COACHING SERVICES LLC

(Firm/Company)

13247 WORD OF LIFE DRIVE LOT 48

(Address)

HUDSON, FLORIDA 34669

(City/State and Zip Code)

For further information concerning this matter, please call:

Seerojini Adams 856 689 0288
_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

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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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
SEERDJINI LIFE COACHING SERVICES LLC

2. The Articles of Organization were filed on May 10, 2019 and assigned
document number 1.19000127439

3. The delayed effective date the dissolution if not effective on the date of filing: JULY 02, 2020
(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).

THE LLC IS NOT ABLE TO MAINTAINED THE BUSINESS DUE TO NO ACTIVITIES IN THE BUSINESS, THE COVID 19 has created more problems for my business survival

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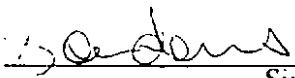
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Seerjini Adams

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TALLHASSEE, FL

FILED

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

SEERDJINI ADAMS
Printed Name

FILING FEE: \$25.00