

L20000 239878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

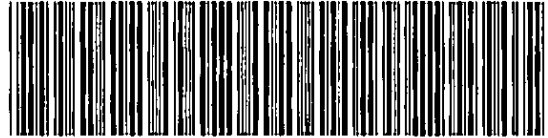
(Business Entity Name)

(Document Number)

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

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Office Use Only



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09/15/22--01013--002 \*\*55.00

2022 SEP 15 PM 2:52

*Dissolution*

SEP 15 2022  
D CUCHINGO

## COVER LETTER

TO: Registration Section  
Division of Corporations  
Sea Monkey Life, 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:

Sarah Nisler

\_\_\_\_\_  
(Name of Person)

Sea Monkey Life LLC

\_\_\_\_\_  
(Firm/Company)

109 Sherwood Ave.

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

St. Augustine FL 32084

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Nisler

575

520 9395

Sarah Nisler  
(Name of Person)

at (

\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

~~\$25.00~~ <sup>n/a</sup> 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

2012 SEP 11 2:52

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

1. The name of a limited liability company is  
Sea Monkey Life, LLC

2. The Articles of Organization were filed on 08/07/2020 and assigned  
document number L200000239878

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).

This LLC was never actively in business, financing and availability of the member. / NISLER

This LLC was never actively in business, financing and availability of the member. / NISLER

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

SARAH NISLER  
109 SHERWOOD AVE  
ST AUGUSTINE FL 32084

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:

Sarah Nisler  
Signature

SARAH NISLER  
Printed Name

FILING FEE: \$25.00