# La1000534275

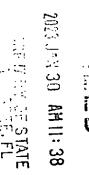
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300401199993

01/30/23--01025--010 \*\*25.00



## **COVER LETTER**

TO: Registration Section 5 Division of Corporations	• • • •	
SUBJECT: Seaside Insight (Name of Limited	+5 2LC Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submittee	for filing.	
Please return all correspondence concerning this matter to the	e following:	
Gary Couto	of Person)	
(Firm/Company)		
1 Harbourside	Dr Apt 2107 dress)	
	FL 33483 and Zip Code)	
For further information concerning this matter, please call:		
Gay CouTV Ve (yame of Person)	at ( 603 566 6620 (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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

FILED

1.	The name of a limited liability company is 2023 JAM 30 AM 11: 38
	Seaside Insights LCC Surge FACT STATE
2.	The Articles of Organization were filed on 12/20/2021 and assigned
	document number <u>L210005342</u> 75
3.	The delayed effective date the dissolution if not effective on the date of filing: 1/24/23  (effective date cannot be prior to or more than 90 days later than date in this 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).
	I did not start The company. No business
	was done, No Income or expenses occured
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Gary Courve
	1 Harbourside Dr
	ADT 2107
	Dellay Beach FL 33483
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Signature Gary Couture Printed Name
	/ Signature Printed Name

FILING FEE: \$25.00

### **Notice of Limited Liability Company Dissolution**

#### NOTE: This page is optional

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 Limited Liability Company: Sea Side Insights LLC
Name of Limited Liability Company: Sea Side Insight LLC  Document number of Limited Liability Company is: L21000 534275
Date of dissolution was: $\frac{1/2 \frac{3}{2}}{23}$
Description of information that must be included in a written claim:
I decided not to start The business
No income or expenses occured := =
I decided to retire
30 1
T decided not to Start The business  No Income or expenses occured  To decided to retire  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Gary Course
1 Harbourside Dr Apt 2107
Gary Couture  Harmourside Dr Apt 2107  Delray Beach FL 33483
A claim against the above named limited liability company will be barred unless a proceeding to enforce the
claim is commenced within 4 years after the filing of this notice.
$\mathcal{L}$

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00