

23 000 447 983

-	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Sta	atus			
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COVER LETTER

Division of Corporations		
SEC Spices, LLC SUBJECT:		
	nited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Sean Chancey		
(N:	ame of Person)	
	im/Company)	
1532 Kingsley Ave, Suite 110		
	(Address)	
Orange Park, FL 32073		
(City/S	State and Zip Code)	
or further information concerning this matter, please ca	n:	
Clint Pyle	904 610-1332	
(Name of Person)	at () (Area Code & Daytime Telephone Number)	
inclosed 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:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	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 SEC Spices, LLC				
2.	The Articles of Organization were filed on 9/27/2023	and assign	ied		
	document number 1.23000447983	_			
3.	The delayed effective date the dissolution if not effective date cannot be prior to or more Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	applicable statutory filing requirements.	ceived for this date	filing) will no	ot be
4.	A description of occurrence that resulted in the limite 605.0707, Florida Statutes, (copy 605.0707 on back c	ed liability company's dissolution pu over letter).	rsuant to	sectio	n
	no longer conducting business			<u></u>	
	no longer conducting business		- FL	2024 NOV	!
	no longer conducting business		E AF	- YO	- I.
			KY OI	ა 	1
5.	If there are no members, enter the name and address activities and affairs:	of the person appointed to wind up t	STATE EE, FL	6 42	
6. ab	Signature of an authorized person or if there are no nove to wind up the company's activities and affairs:	nembers, the signature of the person a	арроінте	d and	listed
	CAM	Clinton Pyle			
	Signature	Printed Name			

FILING FEE: \$25.00