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SECRETARY OF STATE

174. JAN IO 6M 8:1

COVER LETTER

TO: Registration Section Division of Corporations Seth Ryan LLC Dissolution SUBJECT: DOCUMENT NUMBER: The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Seth R Mouzon (Name of Contact Person) (Firm/Company) 6427 Laurelwood Dr (Address) Zephyrhills, FL 33542 (City/State and Zip Code) For further information concerning this matter, please call: Seth Mouzon (Name of Contact Person) (Davtime Telephone Number) Enclosed is a check for the following amount: □\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status Certificate of Status & Certified Certified Copy (Additional copy is enclosed) 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

Notice of Limited Liability Company Dissolution

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 Limite	d Liability Company:		
Document numb	per of Limited Liability Company is:		
Date of dissolut	on was: 01/08/2024		
Description of i	nformation that must be included in a written claim:		
This company wa	as opened fraudulently using my name and my parents address with out my knowledge. I have no	othing	to do
			
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)	2024 JAN 10 AM 8: 06	
	6427 Laurelwood Dr Zephyrhills FL 33542	AN IO	
		AM	ED
		8: 06	
		01	
	the above named limited liability company will be barred unless a proceeding to enforchin 4 years after the filing of this notice.	e the	claim is
	2 /2- A		
Seth R Mouzon	Stor March		
	Printed Name of the Person Filing Signature of the Person Filing		