

A98000000889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

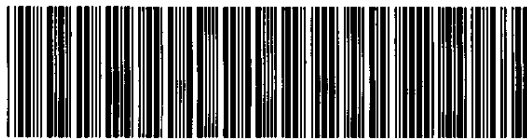
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400156067714

05/19/09--01016--017 **52.50

FILED
09 MAY 19 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 26 2009

EXAMINER

Kavala, Inc.
645 E. Dania Beach Boulevard
Dania Beach, FL 33004
954/922-7771

May 11, 2009

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

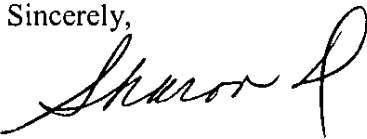
RE: Dissolution Papers

Dear Sir or Madam:

Enclosed is a Certificate of Dissolution for SCC, Ltd., cover letter and check in the amount of \$52.50, along with an Articles of Dissolution for a Limited Liability Company for Mersina, LLC, cover letter and check in the amount of \$25.00.

Thank you for your assistance in this matter.

Sincerely,



Sharon S. Dunham
Executive Assistant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCC, LTD
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sharon Dunham
(Contact Person)
SCC, Ltd.
(Firm/Company)
645 E. Dania Beach Boulevard
(Address)
Dania Beach, FL 33004
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon Dunham at (954) 922-7771
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|--|---|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

SCC, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 10/2/00, assigned Florida document number A98000000889, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

Ceased to do business.

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SECRETARY OF STATE
FLORIDA

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Casino Cruz, Inc., General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75