Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

: (850)878-5368 Fax Number

LLC DISSOLUTION OR WITHDRAWAL SCI UNIVERSITY MARKETPLACE FUND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	SCI University Marketplace Fund, LLC	
30000	(Name of Limited Liability Company)	
The enc	losed Articles of Dissolution and fee(s) are submitted for filing.	
Please r	sturn all correspondence concerning this matter to the following:	
	OLIVER CAURA (Name of Person)	
	1.10.6	
	NITS - MANAGER	
	(Firm/Company)	
	981 AND FILOD ES	
	(Address)	T
	LOS ANGOLES CA GOUSS ?.	er tit t
	(City/State and Zip Code)	36.38
For furt	ner information concerning this matter, please call:	eres A echs
	1 00 00 00 00 00 00 00 00 00 00 00 00 00	ingger?
	(Name of Person) (Area Code & Doytime Telephone Number)	
Enclosed	is a check for the following amount:	

☐ \$25.00 Filling Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Cupy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

j.:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	. The name of a limited liability company is SCI University Marketplace Fund, LLC	·		
2.	. The Articles of Organization were filed on 07/19/2004 and assigned			
	document number L04000053378			
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)		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	section		
		A.	2015	
5.	. If there are no members, enter the name and address of the person appointed to wind up the compa	* *	Ą₽R	c.mea
	activities and affairs:	3385 10 A 35	-9 PH	
			H 12: 5	A TOTAL
£			Ċħ	
lis	i. Signature of an authorized person or if there are no members, the signature of the person appointed isted above to wind up the company's activities and affairs:			
	OLIVER CATE	-2 A		
	Signature Printed Name			

FILING FEE: \$25.00