## L05000008159

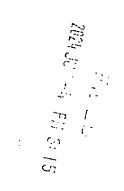
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUL - Z 2024
JUL - 2 2024

Office Use Only



800430906898

06/04/24--01009--024 \*\*25.00



## **COVER LETTER**

.

TO:	Registration Section Division of Corporations					
SUBJ	M. Scott Milinski LLC					
,		(Name of Limited Liability Company)				
The er	nclosed Articles of Dissolution and fee(s) are subn	nitted for filing.				
Please	return all correspondence concerning this matter	to the following:				
	(Name of Person)  Marshall Scott Milinski					
	Marshall Scott Milinski					
	(Firm/Company)					
M.Scott Milinski LLC						
	(Address)					
	(Address)  Pomapno Beach Floridia 33060  (City/State and Zip Code)					
	(City/	State and Zip Code)				
For fu	rther information concerning this matter, please ea	all:				
	Scott Milinski	954 (954) 6 1D-4589 at () (Area Code & Daytime Telephone Number)				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclos	ed is a check for the following amount:					
	\$25.00 Filing Fee and Certificate of Dissolution	☐ S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Mailing Address:	Street Address:				
	Registration Section	Registration Section				
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
	Tatlahassee, FL 32314	2415 N. Monroe Street, Suite 810				

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a lim	ted liability company is		$\hat{\mathcal{U}}_{C_{I,J}}^{*}$	
M. Scott Milinski L	• • •		Ring.	P
The Articles of Or	ganization were filed on	y 13, 2005 an	d assigned	of the
document number	L05000008159			
Note: If the date in	ive date the dissolution if not endefective date cannot be prior to or serted in this block does not meet ent's effective date on the Department.	more than 90 days later than date docur the applicable statutory filing requi	nent is received for filing) irements, this date will no	ot be
A description of oc 605.0707, Florida S	ccurrence that resulted in the linstatutes, (copy 605.0707 on back	mited liability company's dissoluck cover letter).	ation pursuant to section	n
The M. Scott Milinsk  Marshall Scott Milins	i LLC has been voluntarily disolv	red due to my retirement		
If there are no men		ess of the person appointed to wi		
Signature of an aut pove to wind up the	horized person or if there are neompany's activities and affairs	to members, the signature of the s:	person appointed and l	isted
1 archall &	Fu Glerake	MarshallScott Milinski Printed Nat	me	

**FILING FEE: \$25.00**