

L06000102759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

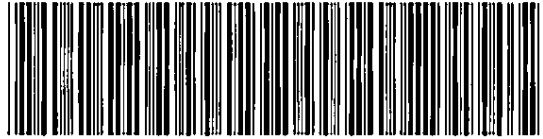
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



600338483876

FILED  
2019 DEC 30 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/02/20--01002--001 \*\*75.00

2019 DEC 30 PM 3:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Y. SUMNER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCMA Rockledge, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

J. Breck Brannen, Esq.

(Name of Person)

Pennington, P.A.

(Firm/Company)

P.O. Box 10095

(Address)

Tallahassee, FL 32302

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Breck Brannen, Esq. at ( 850 ) 222-3533

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed 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:**  
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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
SCMA Rockledge, LLC

2. The Articles of Organization were filed on 10/23/2006 and assigned  
document number L06000102759

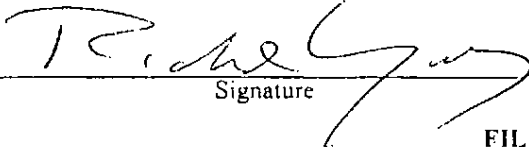
3. The delayed effective date the dissolution if not effective on the date of filing: date of filing  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Consent of the Managing Member and a majority of Other Members in accordance with Paragraph 11.1 of the  
Operating Agreement of the Company

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

Richard M. Levine, Managing Member  
Printed Name

**FILING FEE: \$25.00**

2019 DEC 30 PM 12:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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 Limited Liability Company: SCMA Rockledge, LLC

Document number of Limited Liability Company is: L06000102759

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

1. Claim amount;
2. Factual basis of Claim, stated with specificity; and
3. Origination date of Claim.

\_\_\_\_\_  
\_\_\_\_\_

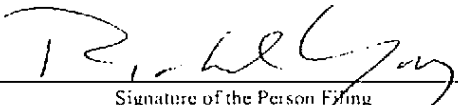
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Richard M. Levine, Managing Member

Printed Name of the Person Filing

  
Signature of the Person Filing

2019 DEC 30 PM 12:06  
FILED  
SE  
TAI