

#L08000033119

(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



900269138319

03/09/15--01012--020 **25.00

FILED
2015 MAR -9 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

ScanBiz, 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:

Deborah A. Burton

(Name of Person)

ScanBiz, LLC

(Firm/Company)

2336 Willow Drop Way

(Address)

Oviedo FL 32766

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Burton

(Name of Person)

at (

407) 328-9409

(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

2015 MAR -9 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ScanBiz, LLC

2. The Articles of Organization were filed on _____ and assigned

document number LO 8000033119

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 section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

death of husband
loss of contract

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

Deborah A. Burton

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:

Deborah A. Burton
Signature

Deborah A. Burton
Printed Name

FILING FEE: \$25.00

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: ScanBiz, LLC

Document number of Limited Liability Company is: L 080000 33119

Date of dissolution was: March 5, 2015

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

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2015 MAR -9 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2336 Willow Drop Way
Oviedo FL 32766

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.

Deborah A. Burton

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00