

LOG 0000 38225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

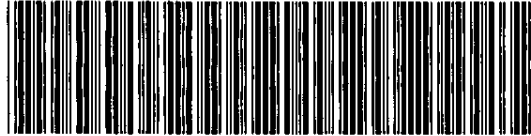
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01006--007 **25.00

FILED
15 APR 27 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10:00 PM MAY 01 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scilectics, 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:

JOHN BUCKHOLZ
(Name of Person)
Scilectics LLC
(Firm/Company)
PO Box 877
(Address)
SAUGATUCK MI 49453
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN BUCKHOLZ at 941 779 7785
(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

SCILECTICS, LLC

2. The Articles of Organization were filed on April 21, 2009 and assigned

document number L09000038225

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).

MOVED FROM FLORIDA

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

JOHN M. BUCKHOLZ

PO Box 877

SAUGATUCK, MI

zip: 49453

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:

John M. Buckholz
Signature

JOHN M. BUCKHOLZ
Printed Name

FILING FEE: \$25.00