

L09000118650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

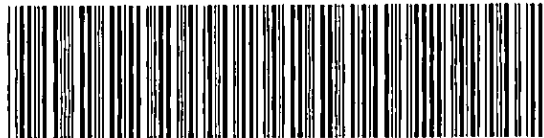
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/18/19--01003--011 **60.00

FILED
TALLAHASSEE, FLORIDA

2019 DEC 18 A 9:23

FILED
197621
12/18/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCCC Management, 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

(Name of Person)

at (850) 222-3533

(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

SCCC Management, LLC

2. The Articles of Organization were filed on 12/14/2009

and assigned

document number L09000118650

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)

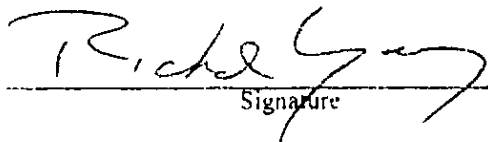
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Managing Member

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

FILED
2009 DEC 18 1A 9:23
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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: SCCC Management
Document number of Limited Liability Company is: L09000118650
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.
- _____

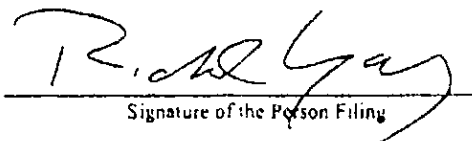
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1145 Sand Pine Circle
Titusville, FL

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

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