L11000107339

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	siness Entity Nan	ne)
(Du	Sinoss Entity Nam	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

ŤO:

Registration Section Division of Corporations

SCOTT LANGLEY, 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:

SCOTT A. LANGLEY

(Name of Person)

c/o RONALD BLUE & CO., LLC

(Firm/Company)

1900 SUMMIT TOWER BLVD STE 260

(Address)

ORLANDO, FLORIDA 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE ADAMS

<u>,</u>407

618-8626

(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

The name of a limited liab SCOTT LANGLEY, LLC	oility compan	y is			,		
2. The Articles of Organizat	ion were filed	i on <u>SEP</u>	TEMBER 20, 2011	and assigned			
document number L11000	107239						
3. The delayed effective date (effecti Note: If the date inserted is listed as the document's eff	n this block do	es not me	et the applicable statutory	filing: APRIL 30, 201: n date document is received filing requirements, this of	5 1 for filing) date will not be		
4. A description of occurren 605.0707, Florida Statutes THE CONSENT OF THE S	, (copy 605.0	707 on b	limited liability compar pack cover letter).	y's dissolution pursua	nt to section		
If there are no members, e activities and affairs:		ter the name and address of the person appointed to wind up the company's STEPHANIE ADAMS					
	RONALI	RONALD BLUE & CO., LLC					
	1900 SUI	MMIT TO	OWER BLVD STE 260				
	ORLANI	OO, FLOF	RIDA 32810				
6. Signature of an authorized listed above to wind up the control	d person or if company's ac	there are	e no members, the signa nd affairs:	ture of the person appo	ointed and		
And Ve	yle		SCOTT A. LANG	LEY			
Signature		Printed Name					
		FILI	NG FEE: \$25.00	7 			
				22	~		

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: SCOTT LANGLEY, LLC		
Document number of Limited Liability Company is: L11000107239		
Date of dissolution was: APRIL 30, 2015		
Description of information that must be included in a written claim:		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpor	ations)	
1900 SUMMIT TOWER BLVD STE 260	2015 1.00	77
ORLANDO, FLORIDA 32810	1 1	
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	•	
A claim against the above named limited liability company will be barred unless a proceedi	ng to enf	orce the

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

claim is commenced within 4 years after the filing of this notice.

SCOTT A. LANGLEY

Printed Name of the Person Filing