120000 71341

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 6	Officer:
Q. SIL	AS
DECTU	2021
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Office Use Only

COVER LETTER

Registration Section Division of Corporations

TO:

SURJECT: SCORPION ASSOCIATES (Name of Limited I.	LL & DOC. # L120000 71341
(Name of Limited I	iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Trouble return an own expendence control ring that makes in	
BELNARD J. MIKUL	.A
(Name of	Person)
SCURPION ASSOCIATES	
(Firm/Co	ompany)
7 TYLER ROAD APT.	3110
(Add	ress)
BERLIN MASS. 615	03
(City/State an	nd Zip Code)
For further information concerning this matter, please call:	
BERNARD J. MIKULA (Name of Person)	at (6/2) 510-4219
(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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2021 NOV 19 AH 10: 59

1.	The name of a limited liability company is
	SCORPION ASSOCIATES LLC SECRETURY IN THE
2.	The Articles of Organization were filed on $M_{1}y_{2} = 20/2$ and assigned
	document number <u>L120000 71341</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: Nov. 18 2021 (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).
	BUSINKSS OWNER BERNARD J. MIKULA MOURD GUT
	OF STATE TO MASSACHUSETTS TO FOILWING ADDRESS
	7 TYLER ROAD APT 3110
	BERLIN, MASS. 01503
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, ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	Bernard J. Mikula BERNARD J. MIKULA Signature Printed Name
	7 TYLKK RUAD#3110 FILING FEE: \$25.00 BERLIN, MAST 01503