

L140000032810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2016
BUREAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Advantra Realty/Scuttina Real Estate Group 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:

Jame Scuttina

(Name of Person)

Scuttina Real Estate Group Inc.

(Firm/Company)

1800 S Australian Ave, Suite 300

(Address)

West Palm Beach, Florida, 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

James Scuttina

(Name of Person)

at (631) 764-5578
(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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
ADVANTA REALTY/SCUTTINA REAL ESTATE GROUP LLC
2. The Articles of Organization were filed on 02/25/2014 and assigned
document number L14000032810
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)
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).
voluntarily dissolution

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

<u>James Scuttina</u>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED 2016 JAN 22 P 3:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
<u>1800 S Australian Ave, Suite 300</u>	
<u>West Palm Beach, Florida, 33409</u>	

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

James Scuttina

Printed Name

FILING FEE: \$25.00