

L14000100129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

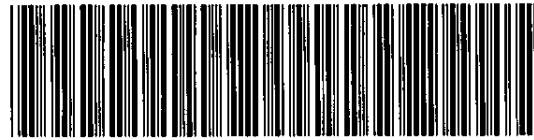
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[Signature]
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06/02/15--01003--022 **25.00

FILED
15 JUN -2 PM 4:40
MILLIGAN EXAMINER

M. MILLIGAN
EXAMINER

JUN -2 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2015

AARON STEWART
2522 N PROCTOR ST, #467
TACOMA, WA 98406

SUBJECT: SCMD-FLORIDA LIMITED LIABILITY COMPANY
Ref. Number: L14000100129

RECEIVED
15 MAY 27 PM 4: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SCMD-FLORIDA LIMITED LIABILITY COMPANY, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 315A00008992

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCMD-FLORIDA 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:

AARON STEWART

(Name of Person)

(Firm/Company)

2522 N Proctor St #467

(Address)

Tacoma, WA 98406

(City/State and Zip Code)

For further information concerning this matter, please call:

Annaliza Abanes

(Name of Person)

at (

619

847-1230

(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

SCMD-FLORIDA LLC

2. The Articles of Organization were filed on 06/23/2014 and assigned

document number 47-1174685

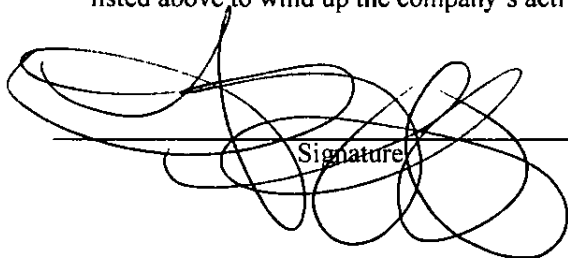
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Not doing any business

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

Annaliza Abanes

Printed Name

FILING FEE: \$25.00

FILED
15 JUN -2 PM 4:40
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA