

L16000024987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

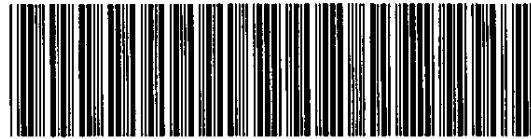
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400292671234

12/19/16--01015--018 \*\*25.00

FILED  
2016 DEC 19 P 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

DEC 20 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AllardSCI 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:

Louis Allard

(Name of Person)

(Firm/Company)

19805 Leonard Rd.

(Address)

Lutz, FL 33558

(City/State and Zip Code)

For further information concerning this matter, please call:

Louis Allard

(Name of Person)

at 813 933-7151

(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

AllardSCI LLC

2. The Articles of Organization were filed on 02/05/2016 and assigned

document number L16000024987

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).

No interest in the idea being presented by the company and no income.

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

Louis Allard

19805 Leonard Rd.

Lutz, FL 33558

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

Louis Allard

Printed Name

**FILING FEE: \$25.00**

2016 DEC 9 P 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**