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(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
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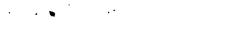


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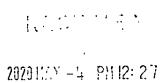
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O SIMMONS MAY 0 6 2020







FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2020

SCOTT SMYLIE 217 HOBBS ST, #106 TAMPA, FL 33619

SUBJECT: ATTORNEY SCOTT SMYLIE, PLLC

Ref. Number: L18000182791

We have received your document for ATTORNEY SCOTT SMYLIE, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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) 245-6050.

Letter Number: 020A00007725

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations					
	Attorney Scott Smylie, PLLC					
SUBJ	ECT:					
	(Name of Lim	ited Liability Company)				
The er	nclosed Articles of Dissolution and fee(s) are subm	itted for filing.				
Please	return all correspondence concerning this matter to	o the following:				
	Scott Smylie					
	(N:	une of Person)				
	Attorney Scott Smylie, PLLC					
	<u> </u>	rm/Company)				
	217 Hobbs St., #106					
		(Address)				
	Tampa, FL 33619	Tampa, FL 33619				
	(City/S	tate and Zip Code)				
Eve fo	rther information concerning this matter, please cal	1.				
TOFIU	Scott Smylic	813 461-4564				
	. Accountage					
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)				
Enclos	ed is a check for the following amount:					
	S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Mailing Address: Registration Section	Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	Signature		Printed Name			
	M (C.	Scott Smy	lie, Member			
6. ab	Signature of an authorized person or if the ove to wind up the company's activities a	here are no members, the and affairs:	e signature of the person	appointed and listed		
		<u> </u>				
5.	If there are no members, enter the name activities and affairs:	and address of the perso	n appointed to wind up the	ne company's		
	Business closed down.					
4.	A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.076	I in the limited liability of 07 on back cover letter).	company's dissolution pu	rsuant to section		
	Note: If the date inserted in this block does listed as the document's effective date on the	s not meet the applicable st	atutory filing requirements.	, this date will not be		
3.	The delayed effective date the dissolutio (effective date cannot be	on if not effective on the	date of filing:			
	document number					
2.	The Articles of Organization were filed of	on7/31/2018	and assign	$\mathcal{A}_{\mathrm{red}} = \mathcal{A}_{\mathrm{red}}$		
	Attorney Scott Smylie, PLLC		573 67	- FH 5: 00		
١.	The name of a limited liability company is		- 20 MAY	777 PH 5: 00		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution 2020 HAY -4 PH 5: 00

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.

Attorney Scott Smylie, PLLC
Name of Limited Liability Company: L18000182791
L18000182791
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Name, address, telephone number, description of claim, including names of people involved, dates of claim, and
any paper documentation supporting claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
217 Hobbs St., #106, Tampa, FL 33619
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Scott Smylie
Printed Name of the Person Filing Signature of the Person Filing

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