

L18000182791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 MAY -4 PM 5:00  
JL

O SIMMONS

MAY 06 2020



RECEIVED  
2020 MAY -4 PM 12:27

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 020A00007725

## COVER LETTER

TO: Registration Section  
Division of Corporations

Attorney Scott Smylie, PLLC

SUBJECT: \_\_\_\_\_  
(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:

Scott Smylie

\_\_\_\_\_  
(Name of Person)

Attorney Scott Smylie, PLLC

\_\_\_\_\_  
(Firm/Company)

217 Hobbs St., #106

\_\_\_\_\_  
(Address)

Tampa, FL 33619

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Smylie

813

461-4564

at (

\_\_\_\_\_  
(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**

2020 MAY -4 PM 5:00

1. The name of a limited liability company is  
Attorney Scott Smylie, PLLC

2. The Articles of Organization were filed on 7/31/2018 and assigned  
document number L18000182791

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).

Business closed down.

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

Scott Smylie, Member

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**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

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**