

12/4/24, 11:03 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : I20090000078
Phone : (561)515-4722
Fax Number : (561)515-3904

LLC DISSOLUTION OR WITHDRAWAL
SCENTWORX FLORIDA, LLC

Certificate of Status	0
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T. LEMIEUX

DEC - 5 2024

H240003992003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCENTWORX 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:

PAUL A. KRASKER, ESQ.

(Name of Person)

THE LAW OFFICE OF PAUL A. KRASKE, P.A.

(Firm/Company)

1615 FORUM PLACE 5TH FLOOR

(Address)

WEST PALM BEACH, FLORIDA 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA MURPHY SNOWDEN

561

515-4722

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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
SCENTWORX FLORIDA, LLC
2. The Articles of Organization were filed on 05/05/2020 and assigned
document number L20000121550
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).
ALL ASSETS OF THE COMPANY HAVE BEEN DISTRIBUTED TO THE SOLE MEMBER.
ALL ASSETS OF THE COMPANY HAVE BEEN DISTRIBUTED TO THE SOLE MEMBER.
ALL ASSETS OF THE COMPANY HAVE BEEN DISTRIBUTED TO THE SOLE MEMBER.
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:

Harry Slatkin
Signature

Harry Slatkin
Printed Name

FILING FEE: \$25.00

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