

L21000369132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

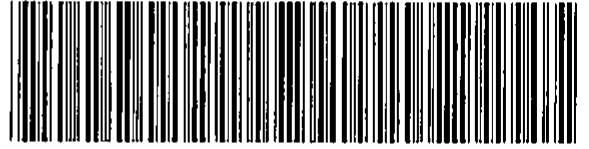
(Document Number)

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FILED
2024 APR 22 AM 9:40
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scooter and Smack 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:

Darlien Simos

(Name of Person)

Scooter and Smack llc

(Firm/Company)

3725 Countryside rd

(Address)

Sarasota, Florida 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

Darlien Simos

941

5490692

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**

1. The name of a limited liability company is

Scooter and Smack llc

2. The Articles of Organization were filed on 4/16/2024 and assigned

document number L21000369132

3. The delayed effective date the dissolution if not effective on the date of filing: 4/20/2024
(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).

Focusing on just my full time job

could see that this was not a thriving 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:

Darlien Simos

3725 Countryside rd

Sarasota, Fl 34233

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

Darlien Simos

Printed Name

FILING FEE: \$25.00

FILED
2024 APR 22 AM 9:40
TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF STATE