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## **COVER LETTER**

TO: Registration Section Division of Corporations		
Scarza properties LLC SUBJECT:		
	ited Liability Company)	
The analysis Astislag of Dissolution and foo(s) are submit	isted for filing	
The enclosed Articles of Dissolution and fee(s) are submi	-	
Please return all correspondence concerning this matter to	o the following:	
Kimberly Scarzafava		
(Na	ame of Person)	
Scarza Properties LLC		
(Fi	rm/Company)	
244 Grovefield Dr.		
	(Address)	
Fort Mill SC 29715		
(City/Si	tate and Zip Code)	
For further information concerning this matter, please cal	il:	
Kimberly Scarzafava	954 304-1815	
(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:	Street Address:  Payistration Section	
Registration Section Division of Corporations	Registration Section 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

1.	The name of a limited liability company is  SCARZA PROPERTIES LLC.		
2.	The Articles of Organization were filed on 3/22/2022 and assigned		
	document number <u>L22000140749</u>		
3.	. The delayed effective date the dissolution if not effective on the date of filing: 05/18/2023  (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).		
	Property was sold on 05/05/2023		
	23		
5.	If there are no members, enter the name and address of the person appointed to wind up the comparts s		
	activities and affairs:		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
K	imberly Scarzufavo A Signature John Scarzufavo		
	ix Signature		

FILING FEE: \$25.00