

L11000086721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

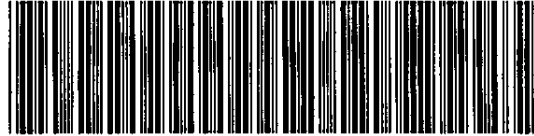
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/16--01011--021 *25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP - 1 AM 12:45

FILED

K. SALY
EXAMINER
SEP - 6



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2016

STEVE POLEK
117 LOOKOUT POINT DR.
OSPREY, FL 34229

SUBJECT: SAFEBIZ, LLC.
Ref. Number: L11000086721

2016 SEP - 1 AM 11:13
TALLAHASSEE, FLORIDA

We have received your document for SAFEBIZ, LLC. 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 Notice of Dissolution must contain a description of information that should be included in a written claim.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00017640

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFEBIZ 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:

Steve Polek
(Name of Person)

(Firm/Company)

117 Lookout Point Dr
(Address)

Oporeg FL 34229
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Polek at (941) 966 6198
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2016 SEP - 1 AM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SAPBEZ LLC

2. The Articles of Organization were filed on 7/27/2011 and assigned

document number L11000086721

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).

No longer buying or selling anything

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

Steve Polek

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.

Name of Limited Liability Company: SAFE022 LLC

Document number of Limited Liability Company is: L11000086721

Date of dissolution was: 8-15-16

Description of information that must be included in a written claim:

Name
Address
Description of defect

2016 SEP - 1 AM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

117 Lookout Pt Dr
Osprey FL 39229

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.

Steve Polek
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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