# L04000007847

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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
OIVISION OF CORPORATIONS

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## **COVER LETTER**

	gistration Section vision of Corporations
SUBJECT:	Saw Worx, LLC
	(Name of Limited Liability Company)
The enclosed	d Articles of Dissolution and fee(s) are submitted for filing.
Please returr	n all correspondence concerning this matter to the following:
	Charles H. Horne
	(Name of Person)
	Saw Worx, LLC
	(Firm/Company)
	PO Box 97
	(Address)
	Melrose, FL 32666
	(City/State and Zip Code)
For further in	nformation concerning this matter, please call:
Lis	sa L Horne <sub>at (</sub> 352 <sub>)</sub> 475-1819
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:
\$25.00 Filir	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & 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

1. The name of a limited liability company is Saw Worx, LLC	08 JUL	A INTO A
2. The Articles of Organization were filed on Janua L04000007847	•	•
3. The date the dissolution was approved: July 7, 2		=
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dissolution pursuant to section	
(c)upon the written consent of all of the	e members of the limited liability comp	any
5. CHECK ONE:  All debts obligations and liabilities of the li	imited liability company have been paid or discharged	<del></del>
-OR-	debts, obligations and liabilities pursuant to s. 608.442	
6. All remaining property and assets have been distriburights and interests.	ated among its members in accordance with their respe	ctive
7. CHECK ONE:		
There are no suits pending against the comp. OR-	pany in any court.	
Adequate provision has been made for the sa entered against it in any pending suit.	atisfaction of any judgment, order or decree which ma	y be
ignatures of the members having the same percentage of	membership interests necessary to approve the dissolu	ıtion:
Signature	Printed Name	
harles IX Jorne	Charles H. Home	<u> </u>
	<del></del>	

FILING FEE: \$25.00