

104000020322

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(Business Entity Name)

(Document Number)

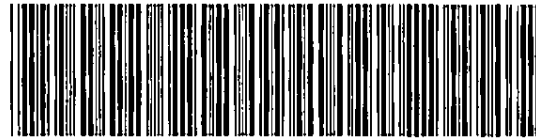
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J. HORNE

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10/22/21--01011--001 **25.00

FILED
2021 OCT 22 AM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crawford & Saul, 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:

Shirley Saul
(Name of Person)

Crawford & Saul, LLC.
(Firm/Company)

~~286~~ 7850 NW 146th St Ste 308
(Address)

Miami Lakes, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Shirley Saul at (954) 980-6296
(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

FILED

2021 OCT 22 AM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL 323

1. The name of a limited liability company is

Crawford and Saul, LLC.

2. The Articles of Organization were filed on 3/15/2004 and assigned

document number L04000020322

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).

Sale of asset

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Shirley Saul

7850 NW 146th St

Ste 308

Miami Lakes, FL 33016

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:

Shirley Saul

Signature

Shirley Saul

Printed Name

FILING FEE: \$25.00

members: Shirley Saul
Beverly Crawford

*Your On Line Links were not cooperating.