204000055050

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JAN 2 7 2013 A. LUNT



900255631819

01/17/14--01018 -010 **25.00



Office Use Only

COVER LETTER

Division of Corporations	
SUBJECT: S & A, L.L.C. (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:	DEL LA COMPANIE DE LA
Andrea J. Marchand (Name of Person)	JAN 17 PH 73 30
(Firm/Company) 184 Andora ST. (Address) ST. Augustine, FL 32086 (City/State and Zip Code)	
ST. Augustine, FL 32086 (City/State and Zip Code)	
For further information concerning this matter, please call: Andrea J. Marchand at (904) 484-6419 (Name of Person) (Area Code & Daytime Telephone Num	nber)
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	

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
	<u> </u>
	The Articles of Organization were filed on <u>26 July 2004</u> and assigned document number <u>L04 000055050</u> The delayed effective date the dissolution if not effective on the date of filing: <u>13 January 2014</u>
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).
	not enough business. no real estate properties
	in this L.L.C.
	五. 22
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. 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:
	Signature Printed Name
2	ndrea J. Marchand Andrea J. Marchand

FILING FEE: \$25.00