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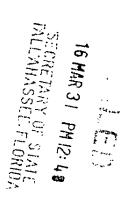
	equestor's Name)			
(Ad	ddress)			
(Cir	ty/State/Zip/Phone #	¥)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				





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APR 01 4010

J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations	, , •		
SAF, LLC			
SUBJECT:	(Name of Limited	Liability Compar	ny)
The enclosed Articles of Dissolution ar	nd fee(s) are submitted	for filing.	
Please return all correspondence conce	rning this matter to the	following:	
Steve A Freedm	an		
	(Name o	of Person)	
SAF, LLC			
	(Firm/C	ompany)	
18907 Avenue E	Biarritz		
	(Ad	dress)	
Lutz, FL 33558			
	(City/State a	ınd Zip Code)	
For further information concerning this	s matter, please call:		
Steve A Freedman		727	643-9011
(Name of Pe	rson)	at ((Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amou	unt:		
■ \$25.00 Filing Fee and Certificate	e of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAILING ADD	PRESS:	STR	EET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 liabil SAF, LLC	ity company is	
2. The Articles of Organization	n were filed on	and assigned
document number	50656	
effective) Note: If the date inserted in t	he dissolution if not effective on the da date cannot be prior to or more than 90 days la his block does not meet the applicable statu tive date on the Department of State's reco	ter than date document is received for filing) utory filing requirements, this date will not
4. A description of occurrence 605.0707, Florida Statutes, (Corporation no longer needed to	copy 605.0707 on back cover letter).	mpany's dissolution pursuant to section
		TALLAHA
5. If there are no members, entactivities and affairs:	ter the name and address of the person Steve Freedman 18907 Avenue Biarritz	
6. Signature of an authorized plisted above to wind up the cor	person or if there are no members, the support of t	signature of the person appointed and
All	Steve A Free	dman
Signature		Printed Name

FILING FEE: \$25.00