

LO4 0000 60656

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 01 2016

J SHIVERS

FILED  
16 MAR 31 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAF, 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 A Freedman

(Name of Person)

SAF, LLC

(Firm/Company)

18907 Avenue Biarritz

(Address)

Lutz, FL 33558

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve A Freedman

727

643-9011

at ( )

(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**

1. The name of a limited liability company is  
SAF, LLC

2. The Articles of Organization were filed on 08/17/2004 and assigned  
document number L04000060656

3. The delayed effective date the dissolution if not effective on the date of filing: 03/30/2016  
(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).  
Corporation no longer needed for its original purpose.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Steve Freedman 18907 Avenue Biarritz Lutz FL 33558

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 A Freedman

Printed Name

**FILING FEE: \$25.00**

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