

**LOB000087561**

\_\_\_\_\_  
(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:

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**000266237770**

11/17/14--01007--016 \*\*25.00

EFFECTIVE DATE  
**12/31/14**

FILED  
2014 NOV 17 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Savoy East #7E, 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:

Clinton Tarkoe

(Name of Person)

(Firm/Company)

4840 NE 28th Avenue

(Address)

Fort Lauderdale FL 33308-4825

(City/State and Zip Code)

For further information concerning this matter, please call:

Clint Tarkoe

(Name of Person)

954

772-7189

at (

) (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

FILED

2014 NOV 17 AM 11: 47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Savoy East #7E, LLC

2. The Articles of Organization were filed on 09/06/2006 and assigned  
document number L06000087561

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Written consent of all members to voluntarily dissolve the company

pursuant to section 608.441(1)(c), Florida Statutes

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. 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

John McIlwrath

Printed Name

FILING FEE: \$25.00