

LOG000101315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

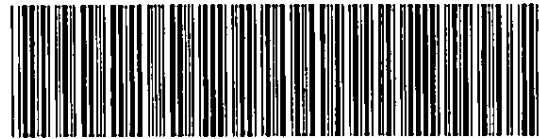
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100307189681

01/02/18--01010--020 \*\*25.00

RECEIVED  
DIVISION OF CORPORATE AFFAIRS  
18 JAN - 2 AM 11:26

K SALY  
JAN - 3 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Safe Home Security 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:

Frank Gahlucci  
(Name of Person)

Safe Home Security LLC  
(Firm/Company)

14942 Wichita Rd.  
(Address)

Port Charlotte FL 33981  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Gahlucci at (941) 421-9583  
(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

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN -2 AM 11:24

1. The name of a limited liability company is

Safe Home Security LLC

2. The Articles of Organization were filed on 01/01/2007 and assigned

document number L06000101315

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017  
(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).

Out of Business

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

Frank Gahlucci

14942 Wichita Rd.

Port Charlotte, FL 33981

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:

Frank Gahlucci

Signature

Frank Gahlucci

Printed Name

FILING FEE: \$25.00