107000034638

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



700280347377

700280347377 12/28/15--01035--017 **25.00

SECRETARY OF STATE

K.SALY EXAMINER DEC 3 0 2015

COVER LETTER

SUBJECT:		SAR LLC
	(Name of Limite	d Liability Company)
The enclosed Artic	cles of Dissolution and fee(s) are submitte	ed for filing.
Please return all co	orrespondence concerning this matter to the	he following:
_		et Barry MGR
	(Name	e of Person)
	FRIB	SAR LLC
	(Firm	/Company)
	P.O. Bo	ox 272035
_	(A)	address)
	Boca Rato	on, FL 33427
_	(City/State	e and Zip Code)
For further inform	ation concerning this matter, please call:	
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:	
■ \$25.00 Fil	ing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

	FOR
	FOR BILITY COMPANY 20/5 DEC 28 PM 2
	2015 c
The name of a limited liability company is	10 UEC 28 2.
FRIBAR LLC	THE CHARLES
	AHASSF OF STO
The Articles of Organization were filed on Ma	arch 27, 2007 and assigned $\frac{7776U_{NF,N}}{V_{LA}H_{ASSLE,FL}}$ and assigned
document number _L07000034638	<u></u>
The delayed effective date the dissolution if not e (effective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department.	effective on the date of filing: December 30, 2015 more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not be ment of State's records.
A description of occurrence that resulted in the life 605.0707, Florida Statutes, (copy 605.0707 on back	mited liability company's dissolution pursuant to section ck cover letter).
Consent of all the members	
:	
	ess of the person appointed to wind up the company's
ŕ	oss of the person appearance to white up the company of
activities and affairs:	
• • • • • • • • • • • • • • • • • • • •	•
	•
-	
Signature of an authorized person or if there are rested above to wind up the company's activities and	no members, the signature of the person appointed and affairs:
The second	Janet Barry MGR Printed Name
Signaturo	Printed Name
FILING	G FEE: \$25.00