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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHRIECT

### Savage Boulevard 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:



For further information concerning this matter, please call:

Ellie Halperin at (561 ) 478.4700 (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

i.	The name of a limited liability company is			
	Savage Boulevard LLC	· · · · · · · · · · · · · · · · · · ·		
2.	. The Articles of Organization were filed on	March 4, 2008 and assigned		
	document numberL08000022661			
3.	The delayed effective date the dissolution is the delayed effective date cannot be printed. If the date inserted in this block does not listed as the document's effective date on the I	if not effective on the date of filing: December 15, 20 for to or more than 90 days later than date document is received of meet the applicable statutory filing requirements, this department of State's records.	for filing) ate will not	
4.	. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	n the limited liability company's dissolution pursuan on back cover letter).	t to Sectio	
	All the members have consented to the dissolution	ion		
		. 23.		
		2 7	<u> </u>	
5.	. If there are no members, enter the name an activities and affairs:	d address of the person appointed to wind up the cor	npany's	
6. lis	Signature of an authorized person or if therested above to wind up the company's activiti	re are no members, the signature of the person appoi	nted and	
		Tim Slater		
	Signature	Printed Name		

FILING FEE: \$25.00

#### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Savage Boulevard LLC	
Document number of Limited Liability Company is: L08000022661	
Date of dissolution was: December 15, 2018	
Description of information that must be included in a written claim:	2618
name, address, phone and email of the claimant, the date the cl	aim:arose
together with documents evidencing the basis for the claim	13.2
	· D
	- <del>-                                  </del>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corp.  319 Monroe Drive	oorations)
West Palm Beach, FL 33405	
	•
	•
A claim against the above named limited liability company will be barred unless a proceed claim is commenced within 4 years after the filing of this notice.	ding to enforce the
	$\geq$
Tim Slater	
Printed Name of the Person Filing Signature of the Pers	on Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00