

10800104787

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)	<u> </u>					
PICK-UP WAIT MAIL	-					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
L. SELLERS						
EXAMINER						

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02/26/09--01030--024 **25.00

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No to

COVER LETTER

	ation Section n of Corporations
SUBJECT:	The Savings Effect LLC
	(Name of Limited Liability Company)
The enclosed Ar	ticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	David Fendel (Name of Person)
	(Name of Person)
	The Savings E-Clack LLC (Firm/Company)
	(Firm/Company)
	8184 NW 40 ct (Address)
	(Address)
	Coral Springs, FC 33065 (City/State and Zip Code)
	(City/State and Zip Code)
For further infor	mation concerning this matter, please call:
	David Fendell at 954 341-1861
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amount:
\$25.00 Filing Fo	ce 30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2009

DAVID FENDELL 8284 NW 40TH COURT CORAL SPRINGS, FL 33065

SUBJECT: THE SAVINGS EFFECT LLC

Ref. Number: L08000104787

We have received your document for THE SAVINGS EFFECT LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 109A00004768

Leslie Sellers Regulatory Specialist II



FILED)
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SEURETANT A STATE TALLAHASSEE FLORIDA

1. The name of a limited liability company is			MELMINSSEE	. r LUKID
The Saura	s Effect	LLC		
2. The Articles of Organization were filed on	11-7-08	and	d assigned documen	it number
3. The date the dissolution was approved:	11-20-08.	···································		
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on the following statutes).	he limited liability co back cover letter).	mpany 's dissolu	tion pursuant to sect	tion
	Incorperate			
website Business, u	was advised	by Tax	Specialists	
			- H*-	
5. CHECK ONE:				
All debts, obligations and liabilities of OR-Adequate provision has been made for All remaining property and assets have been rights and interests.	or the debts, obligation	ons and liabilities	s pursuant to s. 608.	4421.
7. CHECK ONE:				
There are no suits pending against th	e company in any co	urt.		
OR- Adequate provision has been made for entered against it in any pending suit	or the satisfaction of	any judgment, or	rder or decree which	n may be
gnatures of the members having the same percen	tage of membership i	nterests necessar	y to approve the dis	ssolution:
Signature		Pri	nted Name	
Silchell		David	Fendo I	
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