

L08000112553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

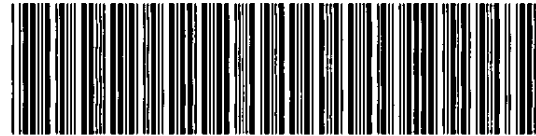
L08-112553

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RECEIVED
09 MAR 20 AM 10:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAR 20 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 24 2009

EXAMINER

N. G. G. MAR 20 2009



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 930218 7680592

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : March 19, 2009

ORDER TIME : 9:11 AM

ORDER NO. : 930218-005

CUSTOMER NO: 7680592

DOMESTIC FILINGS

NAME: SAXON HOUSING SERVICES, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER'S INITIALS: _____

RESUBMIT

Please give original
submission date as file date.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
09 MAR 20 PM 2:35
DIVISION OF STATE
TALLAHASSEE, FLORIDA

March 20, 2009

CSC
MATTHEW YOUNG

RESUBMIT

Please give original
submission date as file date.

SUBJECT: SAXON HOUSING SERVICES, LLC
Ref. Number: L08000112553

We have received your document for SAXON HOUSING SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the effective date of the limited liability company's dissolution.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 409A00009540

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

09 MAR 20 PM 2:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SAXON HOUSING SERVICES, LLC

2. The Articles of Organization were filed on 12/09/2008 and assigned document number
L08000112553

3. The date the dissolution was approved: 02/27/2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Health does not permit me to continue pursuing
this business.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

James M. Bryant

Printed Name

James Marvyn Bryant