

L09000111339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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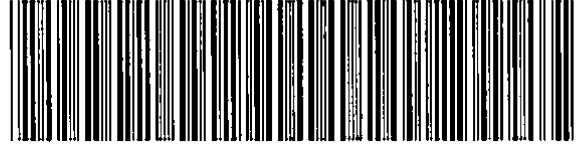
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Certificates of Status

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Special Instructions to Filing Officer:

Office Use Only



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MAY 27 2020

2020 MAY 11 PM 5:37

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ARTICLES OF DISSOLUTION

SALFORD CAPITAL, L.L.C.

Document # L09000111339

Salford Capital, L.L.C. requests to terminate its L.L.C. status with the State of Florida. All known debts, liabilities, and obligations of the L.L.C. have been paid, discharged, or barred. There are no actions pending against the L.L.C. in any court.

Please accept this communication as official notice to terminate this L.L.C.

If you have any question, please contact John Kopec at 678-410-2377. Thank You in advance for completing this action.

Sincerely,



Polly Willis

Member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALFORD CAPITAL, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

POLLY WILLIS

(Name of Person)

SALFORD CAPITAL, LLC

(Firm/Company)

281 W WIEUCA RD. NE

(Address)

ATLANTA, GA 30342

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN KOPEC

678

410-2377

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

SALFORD CAPITAL, LLC

2. The Articles of Organization were filed on MAY 6, 2020 11/19/2009 and assigned

document number L09000111339

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

STOPPED OPERATIONS DUE TO LACK OF WORK AND OWNERS DECISION TO CLOSE THE LLC.

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

POLLY WILLIS

281 W WIEUCA RD. NE

ATLANTA, GA 30342

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:



Signature

POLLY WILLIS

Printed Name

FILING FEE: \$25.00

2020 MAY 11 PM 5:37