

L100000416626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

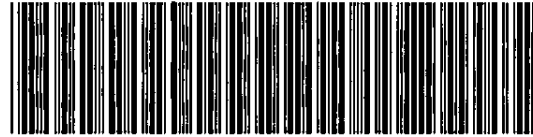
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 09 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sat Tug Enterprises, 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:

Orlin B. Rickard, Manager

(Name of Person)

Sat Tug Enterprises, LLC

(Firm/Company)

P.O. Box 644

(Address)

Abiquiu, NM 87510

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN -2 PM 4:01

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For further information concerning this matter, please call:

Orlin B. Rickard

(Name of Person)

at (505) 913-1405

(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**

1. The name of a limited liability company is
Sat Tug Enterprises, LLC
2. The Articles of Organization were filed on April 15, 2010 and assigned
document number L 10000040626
3. The delayed effective date the dissolution if not effective on the date of filing: December 20, 2013
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).
Election of Dissolution by Consent of the Members
- _____
- _____
- _____

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

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:

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Signature


Printed Name
Orlin B. Rickard, Manager

FILING FEE: \$25.00