# 111000047518

. (	Requestor's Name)	
(	Address)	·
(Address)		
(	City/State/Zip/Phone	<del>&gt; #)</del>
PICK-UP	☐ WAIT	MAIL
	Business Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions	to Filing Officer:	
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Certified Copies	Certificates	

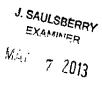
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# **COVER LETTER**

TO: Registration Section		
SUBJECT: SACOB OLESKE 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:		
JACOB POLESKZ	At .	26
(Name of Person)		<u> </u>
JACOB POLESKI LIC	10 û 30 ) _ (7 )	2013 MAY -
(Firm/Company)		ယ
1629 - 80 les Cedex DR		格 9: 25
FORT MYERS, FL 33907 (City/State and Zip Code)	<b>3</b>	ப
For further information concerning this matter places call:		

further information concerning this matter, please call:

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status ρ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

ρ \$60.00 Filing Fee, Certificate of Status & 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
SACOB FOLESKI LLC
2. The Articles of Organization were filed on $4/21/201/$ and assigned document number $L11000047518$
3. The date the dissolution was approved: $\frac{12}{3} \frac{13}{3} \frac{1}{300}$
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).
Was a 1099 Contractor Storted Fall =
time salary position on 1/1/2013 =
<u></u> ω ω
5. CHECK ONE: 99.
All debts, obligations and habilities of the limited hability company have been paid or discharged.  -OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.</li></ol>
7. CHECK ONE:
There are no suits pending against the company in any court.
<ul> <li>OR-</li> <li>Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.</li> </ul>
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Printed Name
Jacob Palel' JACOB POLESKZ