

L12000100887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

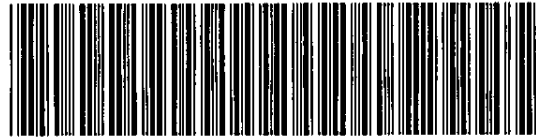
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258983835

04/18/14--01022--002 **25.00

2014 APR 18 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Ouffgan APR 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sari A. Wood, 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:

Sarah Wood

(Name of Person)

(Firm/Company)

1277 Bermuda Street

(Address)

Clearwater, FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Wood

(Name of Person)

at 727 510-1028

(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

FILED
2014 APR 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Sari A. Wood, LLC

2. The Articles of Organization were filed on August 6, 2012 and assigned
document number L12000100887

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)

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).

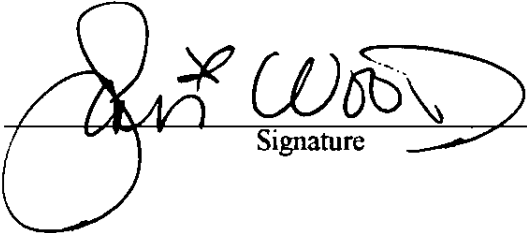
Medical disability rendered owner/manager unable to operate business

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

1277 Bermuda Street

Clearwater, FL 33755

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

Sarah Wood
Printed Name

FILING FEE: \$25.00