

**L1200014/442**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.  
Account Number : 120110000092  
Phone : (305) 448-9584  
Fax Number : (305) 448-9569

**LLC DISSOLUTION OR WITHDRAWAL  
SAMCO, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

14 SEP -3 AM 8:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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SEP -4 2014

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAMCO, 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:

BASIM JAMHOUR

(Name of Person)

SAMCO, LLC.

(Firm/Company)

5520 NW 17TH AVE

(Address)

MIAMI, FL 33147

(City/State and Zip Code)

For further information concerning this matter, please call:

BASIM JAMHOUR

(Name of Person)

at ( 786 )

(Area Code & Daytime Telephone Number)

503-3523

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  
SAMCO, LLC.
2. The Articles of Organization were filed on 11/07/2012 and assigned  
document number L12000141442
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).  
BUSINESS CLOSED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

  
Signature

BASIM JAMHOUR

Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA