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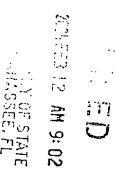
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
<u> </u>					
(Business Entity Name)					
,					
(Document Number)					
Certified Copies Certificates of Status					
Constallation to Siling Office					
Special Instructions to Filing Officer:					

Office Use Only



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02/12/24--01022--022 **25.00



2/12/24

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Sardu LLC ECT:				
0000	(Name of L	imited Liability Company)			
The en	nclosed Articles of Dissolution and fee(s) are sui	bmitted for filing.			
Please	return all correspondence concerning this matter	er to the following:			
	Gunter Sengel				
(Name of Person)					
	(Firm/Company)				
	(Address) 7380 Pine Valley Rd. Cumming, GA 30041				•
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(City/State and Zip Code)		STAT F.E	AM 9: 02	وسية
For fu	rther information concerning this matter, please	e call:	יניין	10	
	Gunter Sengel	239 5952314 at ()			
	(Name of Person)	(Area Code & Daytime Telep	hone Numbe	;r)	_
Englas	and in a shook for the following amount:				
Enclosed is a check for the following amount: \$\Begin{align*} \Begin{align*} \\$25.00 \text{ Filing Fee} and Certificate of Dissolution \\ \text{Certified Copy (additional copy is enclosed)} \end{align*} \$\Begin{align*} \\$55.00 \text{ Filing Fee, Certificate of Dissolution \& \text{Certified Copy (additional copy is enclosed)} \end{align*}					
Mailing Address: Street Address:					
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee			. 010		
Tallahassee, FL 32314		2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to dissolve a Florida Limited Liability Company.

A limited liability company can voluntarily dissolve by filing articles of dissolution with the Division of Corporations that meet the requirements of 605.0707, Florida Statutes.

The fees are as follows:

\$25.00 Filing Fee and automatic certificate of dissolution Certified copy (optional)

Submit one check made payable to the Florida Department of State. Please include a cover letter containing your telephone number and return address. A letter of acknowledgment and certificate of dissolution will be issued after the dissolution has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF DISSOLUTION IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL. ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Ì.	The name of a limited liability company is SARDU LLC		
2.	The Articles of Organization were filed on	08/01/2013	and assigned
	document number L13000108916	.	
3.	The delayed effective date the dissolution if (effective date cannot be price) Note: If the date inserted in this block does no listed as the document's effective date on the E	of meet the applicable statutory filir	te document is received for ming)
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707)	the limited liability company's	dissolution pursuant to section
	no longer needed	on oack cover retter).	. <u></u>
			737, 10
			%C № 111
			m _S D
			9: 0 STA: E. FI
5.	If there are no members, enter the name and activities and affairs:	d address of the person appointe	d to wind up the company's
6. at	Signature of an authorized person or if there bove to wind up the company's activities and	e are no members, the signature affairs:	of the person appointed and liste
		G.Sengel	
_	Signature		ted Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Sardu LLC	-
Document number of Limited Liability Company is:	16
Date of dissolution was:	
Description of information that must be included in a written clai	m:
	F>3 60 14
	. 17a
	55 50 55 50
	SSC P
	FL 02
	1.1
Mailing address where claims can be sent: (Claims cannot be sen 7380 Pinc Valley Rd. Cumming, GA 30041	t to the Division of Corporations)
A claim against the above named limited liability company will be claim is commenced within 4 years after the filing of this notice.	be barred unless a proceeding to enforce the
Gunter Sengel	1500
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00