

**L14000032413**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 24 2017

S. YOUNG

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TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:56

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SACS USA 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:

GEOFFROY LECAT

(Name of Person)

SACS USA LLC

(Firm/Company)

740 NW 24 STREET

(Address)

MIAMI, FLORIDA 33127

(City/State and Zip Code)

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For further information concerning this matter, please call:

GEOFFROY LECAT

(Name of Person)

at ( 305 ) 640-5417

(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  
SACS USA LLC

2. The Articles of Organization were filed on 2/25/2014 and assigned  
document number L14000032413

3. The delayed effective date the dissolution if not effective on the date of filing: 1/18/2017  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 HAS NO ACTIVITY. LAST TAX RETURN WILL BE FINAL IN 2016. CLOSED 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:

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

GEOFFROY LECAT

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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