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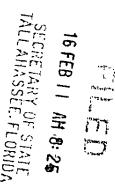
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

Division of Corporations			
SUBJECT: SAJ REAL ESTATE, 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:			
JUNAID AHMED			
(Name of Person)			
(Firm/Company)			
3503 W. SAN LUIS STREET			
TAMPA, FL 33629			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (813) 625 0/22 (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

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1. The name of a limited liability company is SAJ REAL ESTATE LLC	
2. The Articles of Organization were filed on 08/05/2014 and as document number 14000122706	ssigned
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirem 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	on pursuant to section
Voluntary dissolution	
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	SSVAL B
	Cop Ar Tr
5. If there are no members, enter the name and address of the person appointed to wind activities and affairs: 3503 W-SAN LUIS S	
TAMPA, FL 33629	
JUNAID AHMED	
6. Signature of an authorized person or if there are no members, the signature of the per listed above to wind up the company's activities and affairs:	rson appointed and
J. Almed JUNAID	AHMED
Signature Printed Name	

FILING FEE: \$25.00