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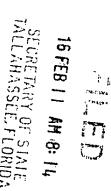
(Re	questor's Name)	
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•	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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02/11/16--01008--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SAJ JOINT VENTURE LLC (Name of Limited Liability Company)
(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:
, THAT A ALMAT A
JUNAID AHMED
(Name of Person)
(Firm/Company)
3503 W. SAN LUIS STREET (Address)
(Address)
TAMPA, FL 33629 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
T
TUNATO ATMED at (873) 625 0122 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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		
	SAJ JOINT VENTURE LLC		
2.	The Articles of Organization were filed on $\frac{08/05/20/4}{}$ and assigned		
	document number <u>L14000123059</u>		
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's 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).		
	Voluntarily discolution.		
	\mathcal{O}		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs: UUNAID AHUCO		
	3503 W. SAN LUIS STRECTE I		
	TAMPA, FL 33629		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
	J. Amed T. WATER AND ALLEYS OF		
	Signature OUNATO AHMCO Printed Name		
	FILING FEE: \$25.00		