## 4500211895

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ad                                     | ddress)            |             |
| (Ac                                     | ddress)            |             |
| (Ci                                     | ity/State/Zip/Phon | e #)        |
| PICK-UP                                 | WAIT               | MAIL        |
| (Business Entity Name)                  |                    |             |
| (Document Number)                       |                    |             |
| Certified Copies                        | Certificate        | s of Status |
| Special Instructions to Filing Officer: |                    |             |
| ,                                       |                    |             |
|   |                    |             |
|   |                    |             |

Office Use Only



000280483380

THE ACKNOWLERGE SUFFICIENCY OF FILM

DEPLEMENT OF AN

FILED

15 DEC 31 MIN 39

SEGRETARY OF STATE
AND ANALYSSEE, FLORIDA

JAN 0 4 2016 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 922678 8076795

AUTHORIZATION : Smell ble 10 12

COST LIMIT : \$/25...00

ORDER DATE: December 22, 2015

ORDER TIME : 9:56 AM

ORDER NO. : 922678-010

CUSTOMER NO: 8076795

## DOMESTIC FILINGS

NAME: SAFE BARRIER SYSTEMS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| The name of a limited liability company is     SAFE BARRIER SYSTEMS, LLC  |  |
|---|--|
| 2. The Articles of Organization were filed on 12  | /22/2015 and assigned  |
| document number L15000211895  | ·<br>  |
|   | or more than 90 days later than date document is received for tiling) the the applicable statutory filing requirements, this date will not be  |
| <ol> <li>A description of occurrence that resulted in the<br/>605.0707, Florida Statutes, (copy 605.0707 on<br/>No longer doing business</li> </ol> | e limited liability company's dissolution pursuant to section back cover letter).  |
|   |  |
| 5. If there are no members, enter the name and acactivities and affairs:  | ddress of the person appointed to wind up the company of the person appointed to wind up the company of the com |
| 6. Signature of an authorized person or if there a listed above to wind up the company's activities   | re no members, the signature of the person appointed and and affairs:  |
| rekny   | Michael T Kelly  |
| Signature   | Printed Name   |

FILING FEE: \$25.00