

COVER LETTER

H24000396655

TO: Registration Section
Division of Corporations

SUBJECT: 1 Sabre Lane 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:

Brian P. Wing

(Name of Person)

(Firm/Company)

3 Fleury Way

(Address)

The Woodlands, TX 77382

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian P. Wing

(Name of Person)

at (

832

496-9898

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000396655

FILED

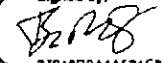
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H24000396655

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
1 Sabre Lane LLC
2. The Articles of Organization were filed on April 27, 2016 and assigned
document number L16000082755
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).
The company dissolved pursuant to the written consent of the sole member and the terms of the
operating agreement of the company.
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:

Signed by:

27848D3AAA534E8...

Signature

Brian P. Wing

Printed Name

FILING FEE: \$25.00

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