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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema:	u	Add	ire	SS	:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1 SABRE LANE LLC

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K. SALY

DEC - 2 2024

COVER LETTER

H24000396655

	stration Section sion of Corporations			
SUBJECT:	1 Sabre Lane LLC			
Sobole 17	(Name of Limit	ted Liability Company)		
The enclosed	Articles of Dissolution and fee(s) are submit	tted for filing.		
Please return	all correspondence concerning this matter to	the following:		
	Brian P. Wing			
	(Na	me of Person)		
	(Fir	m/Company)		
	3 Fleury Way			
	The Woodlands, TX 77382	(Address)		
	(City/St	ate and Zip Code)		
For further in	formation concerning this matter, please call	l:		
Впіа	in P. Wing	832 496-9898 at ()		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
	heck for the following amount: 00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Reg Div P.O	ling Address: cistration Section ision of Corporations b. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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Docusign Envelope iD: AB7A78BA-682A-4370-BE22-917B4C884113

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is I 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			
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. at	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:			
	Brian P. Wing			
	Signature Printed Name			

FILING FEE: \$25.00