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	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P 🔲 WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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110 Tower 110 SE 6th Street Suite 2150 Fort Lauderdale, FL 33301 Tel: 954.989.6333 Fax: 954.989.7781 www.zpllp.com

March 28, 2018

VIA US MAIL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Dissolution of Savage Holdings, LLC

Our File No: 3331.001

To whom it may concern:

Attached is the cover letter and Articles of Dissolution for Savage Holdings, LLC. Also enclosed is check number 13948 in the amount of \$25.00.

If you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,

Todd's: Payne For the firm

TSP/sdg

Enclosures

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Savage Holdings, 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:

Todd S. Payne

(Name of Person)

Zebersky Payne, LLP

(Firm/Company)

110 SE 6th Street, Suite 2150

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Payne

,954

595-6061

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(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

2 \$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

١.	The name of a limited liability co Savage Holdings, LLC	ompany is		
				_ .
2.	The Articles of Organization wer	re filed on		_ and assigned
	document number L17000161064			
3.	The delayed effective date the di (effective date of Note: If the date inserted in this blusted as the document's effective d	annot be prior to or more than ock does not meet the appli	. 90 days later than date of cable statutory filing r	document is received for filing)
4.	A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited lia 605.0707 on back cover	ability company's di letter).	ssolution pursuant to sectio
	Election to dissolve by manager and	sole Class A member purs	uant to operating agree	ement of
	limited liability company.			
				est de la company
5.	If there are no members, enter the	e name and address of th	e person appointed	to wind up the company's
	activities and affairs:	JOR-OAN)	SCHLOSSER	100 100
		•		jūr.
6	Signature of an authorized person	n or if there are no mem	ners, the signature of	f the person appointed and
lis	sted above to wind up the company	y's activities and affairs:	oro, the orginature of	t me person appointed and
	11/			
	Son	Jor	dan Schlosser	
	Signature		Printed	Name
	(MCH1)	FILING FEE:	\$25.00	