

L19000 143419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

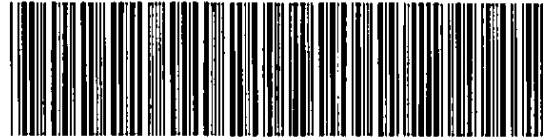
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400346097494

08/15/20--01024--008 **35.00

2020 JUL 15 PM 1:59

CUS
ART 155

JUL 07 2020

1 ALLIANCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAO LOGISTICS AND TRANSPORT 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:

SHAWN O'NEAL

(Name of Person)

SAO LOGISTICS AND TRANSPORT LLC

(Firm/Company)

4443 CHASEWOOD DRIVE

(Address)

JACKSONVILLE, FLORIDA 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWN O'NEAL

(Name of Person)

904

442-3308

at ()

(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

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

2020 JUN 15 PM 1:59

1. The name of a limited liability company is
SAO LOGISTICS AND TRANSPORT LLC

2. The Articles of Organization were filed on 05/28/2019 and assigned
document number L19000143419

3. The delayed effective date the dissolution if not effective on the date of filing: 06/07/2020
(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).

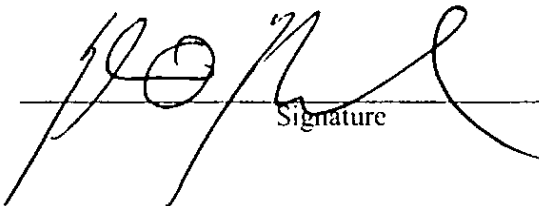
COULD NOT GET BUSINESS OPERATING

COULD NOT GET BUSINESS OPERATING

COULD NOT GET BUSINESS OPERATING

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:



Signature

SHAWN O'NEAL

Printed Name

FILING FEE: \$25.00