

# L22000342107

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

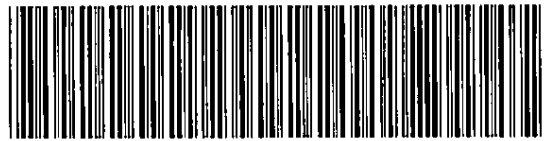
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 FEB -3 PM 4:23  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAVING LIVES  
(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:

ASTON KINSEY  
(Name of Person)

SAVING LIVES LLE  
(Firm/Company)

1822 77 DRIVE  
(Address)

VERO BEACH FL 32966  
(City/State and Zip Code)

For further information concerning this matter, please call:

ASTON KINSEY at 954, 732 7991  
(Name of Person) (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

FILED  
2023 FEB -3 PM 4:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

SAVIN & LIVES LLC

2. The Articles of Organization were filed on 08-10-2022 and assigned

document number 88-3581109 L22000342107

3. The delayed effective date the dissolution if not effective on the date of filing: JAN 11TH 2023  
(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).

LACK OF CAPITAL. NO DEMAND. I AM  
78 YEARS OF AGE I DO NOT NEED  
THE MASSAGE.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

ASTON KINSEY  
1822 77 DRIVE  
VERO BEACH, FL 32966

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:

A. R. King  
Signature

ASTON KINSEY  
Printed Name

FILING FEE: \$25.00