## 600000 11852

(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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)		
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(Document Number)  Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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	Special Instructions to Filing Officer:		

Office Use Only



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NO DEC 24 PM 2: 22
SECRETARY OF STATE



KAJCR Holdings, LLC 1125 Maxwell Lane, #651 Hoboken, NJ 07030 (917) 887-0344

December 22<sup>nd</sup>, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed, please find two documents, each with a check for payment; (1) A reinstatement form for our LLC, KAJCR Holdings, LLC and (2) a dissolution form for the same LLC.

- 1. We wish to first process the re-instatement form, to reinstate the LLC, effective December 21st 2009.
- 2. After we are reinstated, we wish to dissolve this LLC, effective December 22<sup>nd</sup>, 2009

We desire to do this in that order, ensuring that we are bought back to active status \*before\* dissolving the entity.

Please send all communication regarding this matter to the following address:

1125 Maxwell Lane, #651 Hoboken, NJ 07030

Please contact me with, any questions, (917) 887-0344.

Sincerely

Ken/Deckinger, Managing Member

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AJCR 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:
MENNETH E. DECKINGER (Name of Person)
(Firm/Company)
1125 MAYNELL LANG #651
HOBOKEN NJ 07030
For further information concerning this matter, please call:
(Name of Person)  ECNEWARK at (917) 887-0344  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  KASCR HOLDI	TARY 124	
	NAS, LLC	
2. The Articles of Organization were filed on	and assigned document number	
<ul> <li>3. The date the dissolution was approved: DECEMBER 22, 200.9</li> <li>4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).</li> </ul>		
THE MEMBERS LLOVE	CONSENTED TO DISSOLUTION.	
5. CHECK ONE:		
G-OR-	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.	
	outed among its members in accordance with their respective	
7. CHECK ONE.		
There are no suits pending against the com	pany in any court.	
-OR-	satisfaction of any judgment, order or decree which may be	
Signatures of the members having the same percentage o	f membership interests necessary to approve the dissolution:	
Sign/ature	Printed Name	
///. /	NEWNOTH B. DECKINAM	
	MANA NEW MEMBER	