

L03000054464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

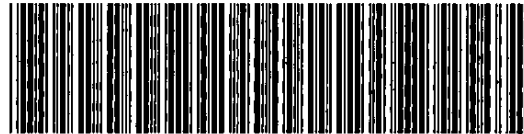
(Document Number)

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08/14/06--01019--022 **30.00

2006 AUG 28 P 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2006

LISA-JANE APONTE
10972 SW HARTWICK DRIVE
PORT ST. LUCIE, FL 34987

SUBJECT: JABEZ RESIDENTIAL LEASING LLC
Ref. Number: L03000054464

We have received your document for JABEZ RESIDENTIAL LEASING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 306A00050419

FILED
2006 AUG 28 3:55 PM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JABEZ RESIDENTIAL LEASING, 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:

LISA-JANE APONTE

(Name of Person)

JABEZ RESIDENTIAL LEASING, LLC

(Firm/Company)

10972 SW HARTWICK DRIVE

(Address)

PORT ST. LUCIE, FLORIDA 34987

(City/State and Zip Code)

2006 AUG 28 P 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LISA-JANE APONTE

(Name of Person)

at (

772

) 834-2204
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

1. The name of a limited liability company is
JABEZ RESIDENTIAL LEASING, LLC

2. The Articles of Organization were filed on 2/26/03 and assigned document number
L03000054464

3. The date the dissolution was approved: 12/31/05

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).

I sold the properties - decided
the house rental business was
not for me, after having to
evict 2 separate tenants.

5. CHECK ONE:

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
☒ **OR-**
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
☒ **OR-**
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

FILED
JUN 28 P 5b
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Lisa-Lone Aponte

Printed Name

Lisa-Lone Aponte (100%)