

LD400000 440000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

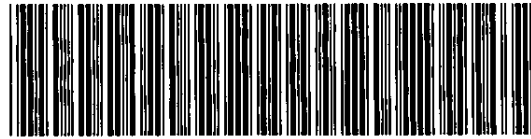
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MAR 24 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJAS INVESTMENTS, 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:

SALVATORE CAVALIERI
(Name of Person)

—
(Firm/Company)

10549 VERSAILLES BLVD
(Address)

Wellington, FL 33449
(City/State and Zip Code)

For further information concerning this matter, please call:

SALVATORE CAVALIERI at 305 298-0246
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF STATE

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

1. The name of a limited liability company is

MJAS INVESTMENTS, LLC

2. The Articles of Organization were filed on 06/10/2004 and assigned

document number LO4000044000

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

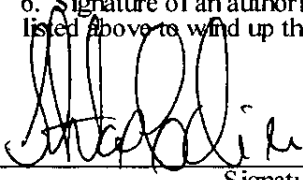
Entity Dissolved upon unanimous consent of members

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

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TALLAHASSEE FLORIDA

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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 ✓

SALVATORE CAVALIERI

Printed Name ✓

FILING FEE: \$25.00