

(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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T. CLINE

MAR 16 2010

**EXAMINER** 

SECRETARY OF STATE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2010

YVONNE MALANCZYN 12063 S INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

SUBJECT: JAY, LLC

Ref. Number: L04000050604

We have received your document for JAY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 910A00000356

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

CO VERVED TEX	
TO: Registration Section Division of Corporations	
SUBJECT: J.AY 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:	
YONNE MALANCZYN (Name of Person)	
J.A.Y. LLC (Firm/Company)	
1535 SE Niemeyer Circle	
Port St. Lucie, FL 34952 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Yvonve Malanceyn at (772) (618-3608)  (Name of Person) (Area Code & Daytime Telephone Numbrice)  Enclosed is a check for the following amount:	<b>"</b> 1
Enclosed is a check for the following amount:	¥ 400, 400, 400,
\$25.00 Filing Fee \times \text{30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

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	C
2. The Articles of Organization were filed on	and assigned document number
	1
3. The date the dissolution was approved: 13 31	109
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	ed liability company's dissolution pursuant to section yer letter).
Lost our tenants as	
no longer Keep in	Business due to
tenants no Able to	payrent.
5. CHECK ONE:	
	mited liability company have been paid or discharged.
OR-Adequate provision has been made for the de	ebts, obligations and liabilities pursuant \$5,60\(\frac{1}{2421}\).
6. All remaining property and assets have been distributing rights and interests.	ted among its members in accordance will Beir respective
7. CHECK ONE:	ASS ASS
There are no suits pending against the compa	any in any court.
Adequate provision has been made for the sa entered against it in any pending suit.	atisfaction of any judgment, order or decree which hay be
gnatures of the members having the same percentage of t	membership interests necessary to approve the dissolution:
Signature	Printed Name
uonre Malan Cy	Yvonne Malanczy
	John Makenezw