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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : I20150000047 Phone

: (239)205-2225

Fax Number

: (239)205-2016

## LLC DISSOLUTION OR WITHDRAWAL LJS CAPE CORAL LLC

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The Articles of Organization were	filed on	and assigned
document number 1.04000054757		
The delayed effective date the diss (effective date car <u>Note:</u> If the date inserted in this bloc listed as the document's effective date	nnot be prior to or more than 90 days,late ck does not meet the applicable statu	er than date document is received for filing) tory filing requirements, this date will not be
A description of occurrence that re 605.0707, Florida Statutes, (copy 6	esulted in the limited liability com 05,0707 on back cover letter).	npany's dissolution pursuant to section
Consent of all members to the filing o	f Articles of Dissolution	
Consent of all members to the filing o	f Articles of Dissolution	
Consent of all members to the filing of	Articles of Dissolution	
		1 - C - T - C
. If there are no members, enter the activities and affairs:	name and address of the person a	appointed to wind up the company's"
. Signature of an authorized person bove to wind up the company's activities.	or if there are no members, the si	ignature of the person appointed and list
5. Signature of an authorized person above to wind up the company's activated by the company's activat	vities and arrains:	ignature of the person appointed and list

, '**?**.

To:

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## Notice of Limited Liability Company Dissolution

## NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LJS Cape Coral LLC		
Document number of Limited Liability Company is:		
Date of dissolution was:		
Description of information that must be included in a written claim:		
The full legal name of each claimant. The amount of each claim. A description of the facts and legal basis for e	each	
claim. The date on which the legal basis for each claim accrued. The name, physical address, e-mail address ar		
telephone number for each claimant, or the legal representative of each claimant.		
	<del></del>	ç
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		S I WHILLIAM
Lawrence J. Smith		
14206 Devington Way	200 250 250	F1112: 35
Fort Mycrs, FL 33912	fit.	C,
A claim against the above named limited liability company will be barred unless a proceeding to enfect elaim is commenced within 4 years after the filing of this notice.	force th	.e
Lawrence J. Smith	,	

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