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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO:	Registration Se Division of Cor						
SUBJE	CT: J&S Cab	inet Installations, Inc.					
		(Name of L	imited Liability Company)	ı			
		Dissolution and fee(s) are subr	-				
Please	return all correspo	ondence concerning this matter	to the following:				
	Ro	sa DeVore					
	 _	(Name of Person)				
	DeLude Ass	ociates Inc					
	000000780		(Firm/Company)				
	2428 S	outh Maple Avenue					
			(Address)				
Sanford, Florida 32771					SEC	2005	Giz ya ş
		(City	//State and Zip Code)		RETAR	ZIMS SEP I	
For fur	ther information	concerning this matter, please c	all:		EE FL	<u>3</u>	
	Rosa DeVore		at (407)	302-9492	<u> </u>	$\dot{\varphi}$	
	, _	(Name of Person)	(Area Code d	& Daytime Tele	ephone Number)	م (
Enclose	ed is a check for the	following amount:					
Ø \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(3 \$55.00 Filing Fee & Certified Copy (additional copy is en	rclosed) (3 \$60.00 Filing Certificate of Sta Certified Copy (additional copy	tus &	sed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 23, 2005

ROSA DEVORE DELUDE ASSOCIATES, INC. 2428 SOUTH MAPLE AVENUE SANFORD, FL 32771

SUBJECT: J & S CABINET INSTALLATIONS, LLC

Ref. Number: L04000092427

We have received your document for J & S CABINET INSTALLATIONS, LLC and your check(s) totaling \$25.00. 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) 245-6913.

Letter Number: 405A00053422

Diane Cushing Document Specialist

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

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	
J & S Cabinet Installations, Inc.	
2. The date the dissolution was approved: 08/15/2005	*
3. A description of the occurrence that resulted in the limited section 608.441, Florida Statutes, (copy of 608.441 on back to the control of the occurrence that resulted in the limited section 608.441, Florida Statutes, (copy of 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that resulted in the limited section 608.441 on back to the occurrence that the occurrence of the occurrence that the occurrence of t	I liability company's dissolution pursuant to ik of cover letter).
They decided that they	Wanted d
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accounting purposes	+ dicided to
disolve the LCC	
	SECRE SECRE
4. 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, obligation	ons and liabilities pursuant 163. 608 442 1.
5. All remaining property and assets have been distributed at respective rights and interests.	mong its members in accordance with their
6. CHECK ONE:7. There are no suits pending against the company in any corrollar.	urt.
Adequate provision has been made for the satisfaction of a be entered against it in any pending suit.	any judgment, order or decree which may
Signatures of the members having the same percentage of the dissolution:	membership interests necessary to approve
Signature T Stell	yped or Printed name fley Shawn L
TTFA Feu	itz Jeffrey J
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Filing Fee: \$25.00