10500000820

(Requestor's Name)			
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PICK-UP WAIT MAÎL			
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L05-820			
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Office Use Only



900150815339

04/22/09--01015--018 **35.00





April 24, 2009

JANICE CLERMONT 1951 NE 39TH ST #248 LIGHTHOUSE POINT, FL 33064

SUBJECT: JOBS BY JAN L.L.C. Ref. Number: L05000000820

We have received your document for JOBS BY JAN L.L.C. and your check(s) totaling \$35.00. 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) 245-6067.

Letter Number: 209A00013856

Neysa Culligan Regulatory Specialist II

COVER-LETTER

SUBJECT: Jobs By Jan. (Name of L.) The enclosed Articles of Dissolution and fee(s) are surplease return all correspondence concerning this matter. Janice Jani Janice Janice Janice Janice Janice Janice Janice Janice Janice J	omitted for filing. It to the following: ERMON Name of Person)	<u>050000</u> 0 820
The enclosed Articles of Dissolution and fee(s) are surplease return all correspondence concerning this matter.	omitted for filing. It to the following: ERMON Name of Person)	
Please return all correspondence concerning this matter. JANICE CL	ERMONT Name of Person)	
Please return all correspondence concerning this matter. JANICE CL	ERMONT Name of Person)	
JANICE CL	ERMONT Name of Person)	
JOBS BY JA	1/1	
1951 NE 39		
195-1 NE 35	(Firm/Company)	
	TN ST #248	
	(Address)	
LIGHT HOUSE T	OINT 1-L 33064 /State and Zip Code)	
(Cit	/State and Zip Code)	
	•	
For further information concerning this matter, please	call:	
JANICE CLERMON! (Name of Person)	at 954 579 -	5483
(Name of Person)	(Area Code & Daytime Teleph	one Number)
FECK FOR. \$35.00 Enclosed is a check for the following amount:		
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	60.00 Filing Fee, ificate of Status & ified Copy ditional 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

LETTER # 209A 000 13856

FILED

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

09 MAY 21 PM 4: 40

1. The name of a limited liability company is 2. The Articles of Organization were filed on JANUARY 4, 2005 and assigned document number 05000000 82 3. The date the dissolution was approved: APRI 15 2009 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). TIRING 5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. 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. Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit. Signatures of the members having the same percentage of membership interests necessary to approve the dissolution: Printed Name Signature ANICE CLERMONI

FILING FEE: \$25.00