LOSOCIOHICS

| (Re | equestor's Name) | | | |
|---|-------------------|-----------|--|--|
| (Ad | ldress) | | | |
| (Ac | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | |
|---|--|--|
| cupusco V & I Dropoubios of Disable 7 I C | | |
| SUBJECT: K & J Properties of Florida, L.L.C. (Name of Limited Liability Company) | | |
| (Claims of Billing Company) | | |
| | | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| reade retain an extrespondence concerning and matter to the following. | | |
| | | |
| Christopher A. Roche | | |
| (Name of Person) | | |
| Law Office of Christopher A. Roche | | |
| | | |
| | | |
| 229 N. Collier Boulevard | | |
| (Firm/Company) 229 N. Collier Boulevard (Address) (Address) | | |
| 229 N. Collier Boulevard (Address) Marco Island, FL 34145 | | |
| (City/State and Zip Code) | | |
| | | |
| For further information concerning this matter, please call: | | |
| | | |
| Christopher A. Roche at (239) 389-0700 | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| | | |
| \$25.00 Filing Fee and Certificate of Dissolution | | |
| | | |
| | | |

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | . The name of a limited liability company is | |
|-----------|--|--|
| | K & J Properties of Florida, L.L.C. | |
| 2. | . The Articles of Organization were filed on <u>January 3, 2005</u> and assigned | |
| | document number L0500004065 | |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: December 21, 201 (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | 5 |
| 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). | |
| | Pursuant to Section 605.0707(2) Florida Statutes the company h | as |
| | been dissolved at the direction of and with the consent of | |
| | all the members. | |
| | | i A |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's | Property of the last of the la |
| | activities and affairs: | ¥) |
| | | |
| | | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: | |
| | Weistephele. Bele Christopher A. Roche | |
| | Signature Printed Name | |

FILING FEE: \$25.00

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: K & J Properties of Florida, L.L.C. |
|---|
| Document number of Limited Liability Company is: L0500004065 |
| Date of dissolution was: December 21, 2015 |
| Description of information that must be included in a written claim: |
| Person or entity making the claim. |
| Nature of the claim. |
| Monetary amount of the claim. |
| Telephone number, email address and mailing address of the |
| claimant. |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Comporations) |
| Law Office of Christopher A. Roche |
| 229 N. Collier Boulevard |
| Marco Island, FL 34145 |
| |

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Christopher A. Roche

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00