

LOS 000000 6375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

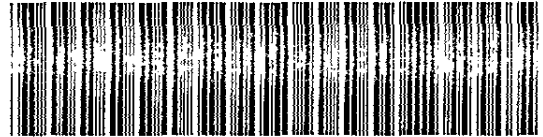
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789 4089,671

Office Use Only



400067293504

03/09/06--01062--011 \*\*55.00

06 MAR 23 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rhonda S Jones LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhonda Jones  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8827 Treasure Bayou  
(Address)

Riverview, FL 33569  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Jones at (813) 992-0787  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 23 PM 3:02

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2006

RHONDA S JONES  
8827 TREASURE BAYOU  
RIVERVIEW, FL 33569

SUBJECT: RHONDA S JONES LLC  
Ref. Number: L05000006375

We have received your document for RHONDA S JONES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 706A00017796

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 23 PM 3:02

FILED

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

1. The name of a limited liability company is

Rhonda S Jones LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned document number

LD5-6375

3. The date the dissolution was approved: 4/1/05

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).

As of April 2005 my single person  
company no longer did business. I  
went to work for another company  
as a regular employee

5. 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, 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.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

06 MAR 23 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Rhonda Jones

Printed Name

Rhonda Jones