L06000030815

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	n #0
(City/State/Zip/Filotte #)		
PICK-UP	☐ WAIT	MAIL
		
	-i C.ii. N	
(Bt	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		
]		

Office Use Only



900075747279

06/06/06--01004--011 **25.00

PILED

06 JUN -6 PM 12: 41

SECRETARY OF STATE
AND ANASSEE FLORINA

N. Cedican IIIN 0.8 2006

COVER LETTER

Division of Corporations	
SUBJECT: CJIII 126, LLC	
	f Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Scott C. Burgess,	Esquire
	(Name of Person)
Aviation Legal Gro	oup. P.A.
	(Firm/Company)
5525 NW 15th Ave	enue Suite 200
00201111 101111111	(Address)
Fort Lauderdale, F	Florida 33309
	City/State and Zip Code)
·	•
For further information concerning this matter, plea	ise call:
_	
For further information concerning this matter, please Allison Sass (Name of Person)	at (954) 763-5565 (Area Code & Daytime Telephone Number)
Allison Sass (Name of Person)	_{at (_} 954 ₎ 763-5565
Allison Sass (Name of Person) Enclosed is a check for the following amount:	at (954) 763-5565 (Area Code & Daytime Telephone Number)
Allison Sass (Name of Person)	at (954) 763-5565 (Area Code & Daytime Telephone Number) \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy
Allison Sass (Name of Person) Enclosed is a check for the following amount: \$25.00 Filing Fee	at (954) 763-5565 (Area Code & Daytime Telephone Number) \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS:
Allison Sass (Name of Person) Enclosed is a check for the following amount: \$\sum_{\text{\$\sum_{\text{\$\cute{1.5}}}}} \text{\$\sum_{\text{\$\cute{1.5}}}} \text{\$\sum_{\text{\$\cute{1.5}}}}} \text{\$\sum_{\text{\$\cute{1.5}}}} \$\sum_{\text{\$\	at (954) 763-5565 (Area Code & Daytime Telephone Number) \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section
Allison Sass (Name of Person) Enclosed is a check for the following amount: \$25.00 Filing Fee	at (954) 763-5565 (Area Code & Daytime Telephone Number) \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS:

ुन्दी हामा । सुद्रिका स्थापन

ARTICLES OF DISSOLUTION FILED FOR A LIMITED LIABILITY COMPANY 06 JUN -6 PM 12: 41

SECRETARY OF STATE

1. The name of a limited liability company is CJIII 126, LLC	TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on March L06000030815	23, 2006 and assigned document number
3. The date the dissolution was approved: June 1, 2	2006
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover The limited liability company cea	liability company's dissolution pursuant to section r letter).
5. CHECK ONE:	
All debts, obligations and liabilities of the limi	ted liability company have been paid or discharged.
	ts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	d among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compan	y in any court.
OR- Adequate provision has been made for the satisentered against it in any pending suit.	sfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
Signature	Printed Name
	Scott C. Burgess