

U6000091672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

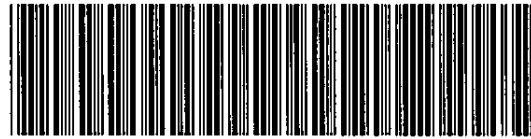
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/30/14--01027--011 \*\*25.00

CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

2014 JUN 30 PM 4:23

FILED

JUL 03 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AJMD INVESTMENTS I LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

YUDERCA BARBERA

(Name of Person)

ACCOUNTING PLUS MORE

(Firm/Company)

4100 CORPORATE SQ STE 153

(Address)

NAPLES, FL 34104

(City/State and Zip Code)

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JUN 30 PM 4:23  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

YUDY BARBERA

(Name of Person)

at 239 643-9968

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &  
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

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

1. The name of a limited liability company is  
AJMD INVESTMENT I LLC
2. The Articles of Organization were filed on 09/19/2006 and assigned  
document number L06000091672
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).

COMPANY HAS NO BUSINESS ACTIVITY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FILED**  
JUN 30 PM 4:23  
CLERK OF COUNTY OF FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: ALEXANDER E DE SANTIS

9145 SW 171 TERRACE

PALMETTO BAY, FL 33157

\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

ALEXANDER E DE SANTIS  
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: AJMD INVESTMENT I LLC

Document number of Limited Liability Company is: L06000091672

Date of dissolution was: 04/09/2014

Description of information that must be included in a written claim:

COMPANY HAS NO BUSINESS ACTIVITY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
JUN 30 PM 4:28  
CLERK OF STATE  
TALLAHASSEE FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ALEXANDER E DE SANTIS

9145 SW 171 TERRACE

PALMETTO BAY, FL 33157

\_\_\_\_\_

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.

ALEXANDER E DE SANTIS

Printed Name of the Person Filing

Alex E De Santis

Signature of the Person Filing