# L06000113764

(Re	equestor's Name)	
(Ac	idress)	
, (Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200110963422

10/23/07--01002--002 \*\*30.00

07 OCT 23 PM 1: 52 SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: SJ Smith Family LLC				
(Name of Limited Liability Company)				
å,				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
r lease retain an correspondence concerning and matter to the ronowing.				
Sheila Smith				
(Name of Person)				
·				
(Firm/Company)				
26111 Church Rd (Address)				
(Address)				
Brooksville, FL 34602 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Sheila Smith at (352) 799. 6491 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

FILED 07 00T 23 PM 1:52

	1. The name of a limited liability company is  SJ Smith Family Limited Lia	LOILITAL ALBERT OF STATE
	2. The Articles of Organization were filed on 11/28/06  L06000113764	and assigned document number
	3. The date the dissolution was approved: (0)2207  4. A description of occurrence that resulted in the limited liability compan	v's dissolution pursuant to section
	608.441, Florida Statutes, (copy 608.441 on back cover letter).  Upon written consent of all	,
		· · · · · · · · · · · · · · · · · · ·
	<ul> <li>5. CHECK ONE:  All debts, obligations and liabilities of the limited liability com OR-OR-Adequate provision has been made for the debts, obligations and 6. All remaining property and assets have been distributed among its mem rights and interests.</li> <li>7. CHECK ONE:  There are no suits pending against the company in any court. OR-OR-Adequate provision has been made for the satisfaction of any juentered against it in any pending suit.</li> </ul>	nd liabilities pursuant to s. 608.4421.  bers in accordance with their respective
Si	signatures of the members having the same percentage of membership interes	sts necessary to approve the dissolution:
•	Signature St	Printed Name neila T. Smith
_		
	· · · · · · · · · · · · · · · · · · ·	·
_		
	•	