# L0700018862

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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T. CLINE DEC 14 2009 EXAMINER



# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2009

JEFFREY KRAFT P.O. BOX 897 ST. AUGUSTINE, FL 32085

SUBJECT: JEFFREY AND MICHELLE ENTERPRISES L.L.C.

Ref. Number: L07000018862

We have received your document for JEFFREY AND MICHELLE ENTERPRISES L.L.C. and your check(s) totaling \$25.00. 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 this document was submitted for filing.

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A00036626

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

# SUBJECT: JEFFREY AND MICHELLE ENTERPRISES, L.L.C.

(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:

JEFFREY L. KRAFT		
(Name of Person)	_	
	·1	5- 3
(Firm/Company)	7.5E	2009 DEC
P.O. BOX 897		
(Address)	-385 -385	کے
ST. AUGUSTINE, FL 32085		PM 12:
(City/State and Zip Code)	150 110 110	3: 52
For further information concerning this matter, please call:	\$5°	10
JEFFREY L. 702 806-7925		
MONTE AND ARCHITECTURE ARCHITEC		
(Name of Person) (Area Code & Daytime Telephone Nur	nber)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy	

#### **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

	02/40/2007
2. The Articles of Organization were filed of L07000018862	and assigned document number
3. The date the dissolution was approved:	10-22-2009
4. A description of occurrence that resulted 608.441, Florida Statutes, (copy 608.441) NO REMAINING MEMBERS	in the limited liability company's dissolution pursuant to section on back cover letter).
	ALC DOG
5. CHECK ONE:	
	ies of the limited liability company have been paid or discharged.
OR-Adequate provision has been made	de for the debts, obligations and liabilities pursuant to $s. 608.4421$ .
6. All remaining property and assets have be rights and interests.	een distributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending agains -OR-	st the company in any court.
	de for the satisfaction of any judgment, order or decree which may be suit.
gnatures of the members having the same per-	centage of membership interests necessary to approve the dissolution:
gnatures of the members having the same per	Printed Name
	Printed Name
	Printed Name
	Printed Name