Division (Mar. 15. 2016 1:00 PM

Gary Dytrych & Ryan

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : 119990000255

Phone : (561)844-3700

Fax Number

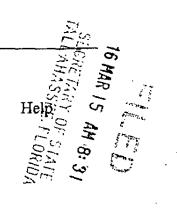
: (561)844-2388

LLC DISSOLUTION OR WITHDRAWAL **ALJ LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



MAR 1 6 2016

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COVER LETTER

TO:

Registration Section Division of Corporations

(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:

JAMES H. RYAN

(Name of Person)

GARY, DYTRYCH & RYAN, P.A.

701 U.S. HIGHWAY ONE, SUITE 402

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES H. RYAN

(Name of Person)

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 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability compa	any is
2.	The Articles of Organization were fil	ied on 06/11/2007 and assigned
	document number <u>L07000061332</u>	
3.	The delayed effective date the dissolution (effective date canno Note: If the date inserted in this block of listed as the document's effective date of the date o	ution if not effective on the date of filing: t be prior to or more than 90 days later than date document is received for filing does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.
4.	A description of occurrence that resu 605.0707, Florida Statutes, (copy 605	lited in the limited liability company's dissolution pursuant to section .0707 on back cover letter).
	The company no longer ow	ns assets.
		The second secon
		AHAR
5 .	If there are no members, enter the na	me and address of the person appointed to wind up the company's
	activities and affairs:	AR B
		DRION STATE
	 	
6 .	Signature of an authorized person or sted above to wind up the company's a	if there are no members, the signature of the person appointed and activities and affairs:
	A \ \	Agree H. Ryan
	Signature	Printed Name

FILING FEE: \$25.00