

107000077363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

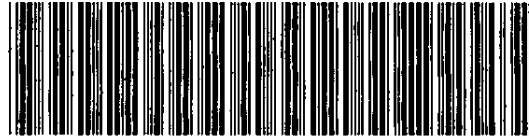
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

51

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04/05/18--01010--018 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY -1 PM 3:46

M. MILLIGAN
MAY -7 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2018

JORENA, LLC
ATTN: JOSEPH MUSTIPHER
PO BOX 16613
PLANTATION, FL 33318

SUBJECT: JORENA, LLC
Ref. Number: L07000077363

We have received your document for JORENA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 918A00007591

RECEIVED
2018 MAY -1 PM 12:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jorena 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:

Joseph Mustipher
(Name of Person)

Jorena LLC
(Firm/Company)

Po Box 16613
(Address)

Plantation, FL 33318
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Mustipher at 954 880 1774
(Name of Person) (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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -1 PM 3:46

1. The name of a limited liability company is

Torena LLC

2. The Articles of Organization were filed on July 26, 2007 and assigned

document number LD7000077363

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

INACTIVE

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

Joseph Mustipher

PO Box 16613

Plantation, FL 33318

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:

Joseph Mustipher
Signature

Joseph Mustipher
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:

Jorena, LLC

Document number of Limited Liability Company is:

L-07000077363

Date of dissolution was:

March 1, 2018

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

Reason for claim

Date

Print & Sign claim documents

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 1 PM 3:46

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

P.O. Box 16613

Plantation, FL 33318

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.

Joseph Mustipher

Printed Name of the Person Filing

Joseph Mustipher

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00