- LOTAAN 87369

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

DB 12-03-07

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SRJ Caustrage States, 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:
R. Canis Amason (Name of Person)
Nove Nov 500
(Firm/Company)
App C Address)
(Address)
Ebgenara, FLA 32141 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (228) 3(3-1)24 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee &
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

INCOME SEE

2. The Articles of Organization were filed on 9/27		Teat .
_	and assigned document	num
L 070000 87369		
3. The date the dissolution was approved: 2/29/		
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover l	ability company's dissolution pursuant o secti	ion 7
CLOSED DUE To Funding	AH	์ วั—.
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