

# LD7000121376

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

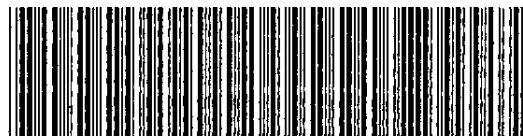
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 MAR -1 PM 4:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 2 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2011

JOHN LALLEMAND  
JOSAND ENTERPRISES LLC  
9750 WALLASTON DR.  
DADE CITY, FL 33525

SUBJECT: JOSAND ENTERPRISES LIMITED LIABILITY CORPORATION  
Ref. Number: L07000121376

We have received your document for JOSAND ENTERPRISES LIMITED LIABILITY CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00004617

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Josand Enterprises 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:

Sandra Lallemand  
John Lallemand  
(Name of Person)

Josand Enterprises LLC  
(Firm/Company)

9750 Wallaston dr.  
(Address)

dade City FL 33525  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Lallemand at (352) 5231213  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Paid

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

2011 MAR -1 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Josand Enterprises LLC

2. The Articles of Organization were filed on 12-06-2007 and assigned document number

L07000121376

3. The date the dissolution was approved: 1-16-11

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Tax CPA Told us to do this

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Sandra Lallemand  
[Signature]

Sandra Lallemand  
John Lallemand