## 108000000836

| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
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| (Address)                               |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| ·                                       |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Business Entry Hame)                   |  |  |  |
| (Document Number)                       |  |  |  |
| (2001),                                 |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Certificates of Status                  |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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M. THOMAS

WAR 2 6 2009

EXAMINER

## **COVER LETTER**

|                  | stration Section<br>sion of Corporations   |   |   |
|------------------|--|---|---|
| · SUBJECT:       | CJ ALLIANCE LLC  | •   |   |
|                  | (Name of I   | Limited Liability Company)  |   |
|                  |  | 1. 1. 16. 61  |   |
|                  | Articles of Dissolution and fee(s) are su  |   |   |
| Piease return    | all correspondence concerning this mate  | er to the following:  |   |
|                  | JOSE JARAMILLO   |   |   |
|                  |  | (Name of Person)  | 091                                     |
|                  | N/A  |   | 題言                                      |
|                  | (Firm/Company)   |   |   |
|                  | PO BOX 568464  |   | 鸭里                                      |
|                  |  | (Address)   | 09 MAR 25 AM 10: 07                     |
|                  | ORLANDO, FL 32856  |   | Du -                                    |
|                  | (Ci  | ry/State and Zip Code)  |   |
| For further in   | formation concerning this matter, please   | call:   |   |
| JOSE JARAMILLO   |  | at ( 407 ) 283 9925   |   |
|                  | (Name of Person)   | (Area Code & Daytime Telephone Number)  | *************************************** |
| Enclosed is a cl | heck for the following amount:   |   |   |
| \$25.00 Filing   | g Fee 30.00 Filing Fee & Certificate of Status   | \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of State (additional copy is enclosed) Certified Copy (additional copy is         | us &                                    |
|                  | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | SS:                                     |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| The name of a limited liability company is     CJ ALLIANCE LLC   |   |
|--|---|
| 2. The Articles of Organization were filed on  | and assigned document number                                |
| 3. The date the dissolution was approved: 09/30/2008   | 3   |
| 4. A description of occurrence that resulted in the limited li<br>608.441, Florida Statutes, (copy 608.441 on back cover<br>NO BUSINESS ENOUGH FOR THE C | iability company's dissolution pursuant to section letter). |
| NORMAL OPERATION.  | <u> </u>  |
| UNABILITY FOR ONE OF THE MEMBE   | ERS CONTINUE BE PART OF THE                                 |
| WORKING FORCE IN THE COMPANY   | , 52<br>F.C.  |
| 5. CHECK ONE:  | £0  |
| All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts  | ed liability company have been paid or discharged.          |
| <ol><li>All remaining property and assets have been distributed<br/>rights and interests.</li></ol>  | among its members in accordance with their respective       |
| 7. CHECK ONE:  |   |
| There are no suits pending against the company   | in any court.   |
|  | faction of any judgment, order or decree which may be       |
| Signatures of the members having the same percentage of mer  | mbership interests necessary to approve the dissolution:    |
| Signature  | Printed Name  |
| One Graful   | JOSE R JARAMILLO  |
| Cida Calderon  | LIDA F CALDERON   |
|  |   |
|  |   |
|  |   |

FILING FEE: \$25.00