## (08 0000 68131

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



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**EXAMINER** 

## **COVER LETTER**

| TO: Registration Sect Division of Corpo |                                                           |                                                                   |                                                                  |                            |
|-----------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|----------------------------|
| SUBJECT:                                |                                                           | RPRISES, LL ted Liability Company)                                |                                                                  | <u>.</u>                   |
| The enclosed Articles of D              | Dissolution and fee(s) are submit                         | tted for filing.                                                  |                                                                  |                            |
| Please return all correspon             | ndence concerning this matter to                          | the following:                                                    |                                                                  |                            |
| _ J                                     | OHATHAN                                                   | ALLEN ne of Person)                                               |                                                                  |                            |
|                                         | (                                                         |                                                                   |                                                                  |                            |
|                                         |                                                           | m/Company)                                                        |                                                                  |                            |
| 1                                       | 911 JUN                                                   | IPER AVE                                                          |                                                                  |                            |
|                                         |                                                           | IPER AUE<br>(Address)<br>OE, FL 324<br>ate and Zip Code)          | SECR                                                             | 2009 A                     |
|                                         | $\frac{ORT}{City/Str}$                                    | OE, $FL$ $329$                                                    | HASS                                                             | PR 3                       |
|                                         | ncerning this matter, please call                         |                                                                   | A OLS                                                            | FILED 2009 APR 30 PM 1: 02 |
| JONAT                                   | THAN ALLEN (Name of Person)                               | at ( <u>8</u>                                                     | 1 - 0655 Telephone Number)                                       | 1: 02                      |
| Enclosed is a check for the fo          | ollowing amount: 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy |                            |
| MAIL                                    | ING ADDRESS:                                              | STREET/COU                                                        | (additional copy is en                                           |                            |

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

TO:

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is                                                                                                                                                                                           |                                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|
| JBA ENTER PRISES,                                                                                                                                                                                                                       | LLC                             |                          |
| 2. The Articles of Organization were filed on LOSOOO 68131.  3. The date the dissolution was approved:  4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover letter) | lity company's dissolution r    | igned document number    |
| COMPANY NEVER ACTIVATED                                                                                                                                                                                                                 |                                 |                          |
|                                                                                                                                                                                                                                         |                                 |                          |
|                                                                                                                                                                                                                                         |                                 | <u> </u>                 |
| 5. CHECĶ ONE:                                                                                                                                                                                                                           |                                 |                          |
| All debts, obligations and liabilities of the limited                                                                                                                                                                                   | iability company have been      | paid of discharged.      |
| OR-<br>Adequate provision has been made for the debts, o                                                                                                                                                                                | oligations and liabilities purs | suant 1859. 608. 4421.   |
| 6. All remaining property and assets have been distributed am                                                                                                                                                                           | ong its members in accordan     | ce with their respective |
| rights and interests. 7. CHECK ONE:                                                                                                                                                                                                     |                                 | TATE<br>ORIDA            |
| There are no suits pending against the company in -OR-Adequate provision has been made for the satisfact entered against it in any pending suit.                                                                                        | •                               | r decree which may be    |
| Signatures of the members having the same percentage of members                                                                                                                                                                         | rship interests necessary to a  | approve the dissolution: |
| Signature                                                                                                                                                                                                                               | Printed 1                       | Vame                     |
| Jost alla                                                                                                                                                                                                                               | JONATHAN                        | ALLEN                    |
| /                                                                                                                                                                                                                                       |                                 |                          |
|                                                                                                                                                                                                                                         |                                 |                          |
|                                                                                                                                                                                                                                         | -                               |                          |
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**FILING FEE: \$35.00**