

LO8000086340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

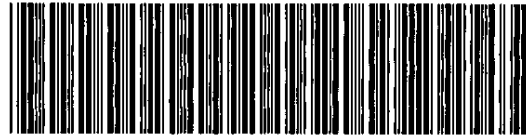
(Business Entity Name)

(Document Number)

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

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J. Stivers FEB 19 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BUSE, JLC, 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:

Susan Davies, Paralegal  
(Name of Person)

Trade Street Residential Inc  
(Firm/Company)

19950 W Country Club Dr, #800  
(Address)

Aventura, Florida 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Davies at (786) 248-6022  
(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**

1. The name of a limited liability company is

BUSE, JLC, LLC

2. The Articles of Organization were filed on 9/11/2008 and assigned  
document number L08000086340

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

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).

Consent of all members to dissolve.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Signature



Printed Name

Greg Baumann

**FILING FEE: \$25.00**

STATE OF FLORIDA  
TALLAHASSEE  
14 FEB 18 AM 10:21