

**L09 0000 19214**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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2014 AUG 25 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 26 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution - J & J Assoc. Mgmt Co. LLC

**DOCUMENT NUMBER:** L09000019214

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judi L. WEHNER  
(Name of Contact Person)

(Firm/Company)

288 ELLIS RD. #112

(Address)

MIRAMAR BEACH, FL 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

JOANNE ANDERSON at (850) 621-7897  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|---|---|---|---|

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

J & J ASSOC. MGMT. CO. LLC

2. The Articles of Organization were filed on 2/26/09 and assigned

document number L09000019214

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for 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).

Parties Retired

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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:

Judi Wehner  
Signature

JUDI WEHNER  
Printed Name

**FILING FEE: \$25.00**