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**EXAMINER** 



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: IJI RESTAURANT PARTNERS 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:
JOHN PASSAFUME  (Name of Person)
(Firm/Company)
4339 WILDSTAR CIRCLE (Address)
WESLEY CHAPEL FL 33544 (City/State and Zip Code)
For further information concerning this matter, please call:
TOHN PASSAFUME at (813) 679 - 9990 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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
IJI RESTAURANT PARTNERS LLC
2. The Articles of Organization were filed on <u>09/22/09</u> and assigned document number <u>L0900091674</u> .
3. The date the dissolution was approved: 02/15/10
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).
WE WERE UNABLE TO OBTAIN ALOAN TO OPEN THE RUSTNES
UNDER THIS LLC! WE DIO NOT OPEN FOR BUSINESS AND DIO
NOT HAVE ANY SALES! ZERO INCOME!
<ul> <li>5. CHECK ONE:</li></ul>
Signature Printed Name
John PassaFume