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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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D. BRUCE

APR 23 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: J-Maximus Ventures LLC		
(Name of Limited Liability Company)	<u> </u>	•
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jeffrey Alan McRaney (Jeff)	_	
(Name of Person)	_	
J-Maximus Ventures LLC		
(Firm/Company)	_	
18911 New Passage Blvd	ALL ALL	=
(Address)	AH N	g T
Land O Lakes, FL 34638	CEETARY AHASSE	3
(City/State and Zip Code)	THY 3	2 11
For further information concerning this matter, please call:	STATE LORIO	
Jeff McRaney at (813) 373-0413		
(Name of Person) (Area Code & Daytime Telephone Nur	mber)	•
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &	os e d)
MAILING ADDRESS: STREET/COURIER ADD	RESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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Jeff McRa		SEL F
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