L10000001365

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		ļ	

Office Use Only



900224179369



03/09/12--01019--012 **25.00

SECRETARY OF STATE SECRETARY OF STATE T

J. SAULSBERRY EXAMINER MAR 1 2 2012

COVER LETTER

Division of Corporations		
SUBJECT: JANKLEIMANGOLF 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:		
Janis L. Kleiman (Name of Person)		
JANKLEIMANGOLF LLC	2012 HAR	TN
8819 N. Deer Crossing Blud.	2012 MAR -9 AM 8: 52 SECRETARY OF STATE	
Mc Cords ville, IN 46055 (City/State and Zip Code)	3: 52	
For further information concerning this matter, please call:		
Janis L. Kleiman at (863) 604-0594 (Name of Person) at (863) CO4-0594 (Area Code & Daytime Telephone Number	er)	
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ 30.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$260.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed)	tatus &	

MAILING ADDRESS:

Registration Section

TO:

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	Fig. 3
JANKLEIMANGOLF LLC	FS &
2. The Articles of Organization were filed on January	and assigned document number
3. The date the dissolution was approved: February	<u>15,2012 </u>
4. A description of occurrence that resulted in the limited 1 608.441, Florida Statutes, (copy 608.441 on back cover	liability company's dissolution pursuant to section letter).
Sole member (Janis L. Kleiman) is	s relocating outside of the
State of Florida.	J
5. CHECK ONE:	
	ted liability company have been paid or discharged.
-OR- Adequate provision has been made for the debt	s, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed rights and interests.	among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company	y in any court.
OR- Adequate provision has been made for the satis entered against it in any pending suit.	faction of any judgment, order or decree which may be
ignatures of the members having the same percentage of men	mbership interests necessary to approve the dissolution:
Signature	Printed Name
Jis L Rlein	Janis L. Kleiman
)	5471.5 217(10 111
	