L100000021812

| (Re | questor's Name |) |
|---------------------------|------------------|--------------|
| (Ad | dress) | _ |
| (Ad | dress) | |
| | · | |
| (Cit | y/State/Zip/Pho | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | ame) |
| | | |
| (Do | cument Numbe | r) |
| Constitution Constitution | 0 115 | 1011 |
| Certified Copies | _ Certificati | es of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | JAN 1 4 2013 |
| | | A. LUNT |
| | | |

Office Use Only



700255152827



01/06/14--01005--005 **25.00

COVER LETTER

Amparo lastar
(Name of Person)

A+J Property Management Services, LLC
(Firth Company)

8269 SW 157 Place (NEW
(Address) (Address)

(Name of Person) at (305) 546-8464 (Area Code & Daytime Telephone Number)

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

roperty Management Services, uc.
(Name of Limited Liability Company)

TO:

Registration Section Division of Corporations

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

| MAILING ADDRESS: | STREET/COURIER ADDRESS: |
|---|------------------------------|
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| 10 | Tallahassee, FL 32301 |
| Original filing address 1 16418 NW 125T. | was: |
| 16418 NW 125T. | |
| Pembroko Pines, Fl | 33028. |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is |
|---|
| 2. The Articles of Organization were filed on <u>January 1, 2014</u> and assigned |
| |
| 2. The Articles of Organization were filed on January 1, 2014 and assigned |
| document number <u>L106000 Z1812</u> |
| 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). |
| Owners / Partners unanimously request a |
| dissolution, sue to differences of opinions |
| and no activity starting Jan. 1, 20,4 |
| |
| 5. If there are no members, enter the name and address of the person appointed to wind up the company's |
| activities and affairs: |
| ZO |
| |
| |
| |
| A second |
| 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 |
| Amazza Pastas |
| - Impare 1437 DI |
| / FILING FEE: \$25.00 |