

LI 000004964

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DEC 22 2014

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOB Rehabs, 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:

Edwin Bert Miller

(Name of Person)

(Firm/Company)

411 Walnut St #874

(Address)

Green Cove Springs, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Miller

(Name of Person)

386

at ( )

328-5002

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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

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TALLAHASSEE  
11/17/04

2014 DEC 17 AM 12:23

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

1. The name of a limited liability company is  
JOB Rehabs, LLC
2. The Articles of Organization were filed on April 05, 2010 and assigned  
document number L10000041964
3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31, 2014  
(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).

A meeting of the shareholders was held on Dec 01, 2014. In that meeting the  
shareholders unanimously agreed to close the business and officially dissolve the  
company effective Dec 31, 2014

5. If there are no members, enter the name and address of the person appointed to wind up the company  
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:

Edwin Bert Miller

Signature

Edwin Bert Miller

Printed Name

**FILING FEE: \$25.00**

2014 DEC 17 PM 12:29  
SECRETARY OF STATE  
TELEPHONE ROOM

FILED