L10000073726

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE DIVISION OF CORPORATIONS

THAMPTON ALLE BY SUIT EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations				
IE AAL	CLIANADE AND ACCOCIATES				
SUBJECT: JEAN CHAMPE AND ASSOCIATES LLC (Name of Limited Liability Company)					
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:			
	Post	t-Formation Filings			
(Name of Person)					
MyCorporation					
(Firm/Company)					
23586 Calabasas Rd., Suite 102					
(Address)					
	Calabasas, CA 91302				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
	Post Formations	at (_877)_692-67	72		
	(Name of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check for	the following amount:	•			
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDDESS		STREET/COLL	DIFD ADDDFSS:		

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

23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 Toll-Free: 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

July 21, 2011

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Jean Champe and Associates LLC

Ladies and Gentlemen:

Please find enclosed for filing dissolution documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation 23586 Calabasas Rd. Suite 102 Calabasas, CA 91302

ATTN: Post Formation Filings

ARTICLES OF DISSOLUTION FILED FOR SECRETARY OF STATE A LIMITED LIABILITY COMPANY DIVISION OF CORPORATIONS

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		* * * * * * * * * * * * * * * * * * * *
1. The name of a limited liability company is		
JEAN CHAMPE AND ASSOCIATES LLC		
2. The Articles of Organization were filed on	07/13/2010	and assigned document number
L10000073726		
3. The date the dissolution was approved: $\frac{7/20/201}{}$	1	
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	nited liability company' cover letter).	s dissolution pursuant to section
upon the written consent of all the members of the li	imited liability company.	
5. CHECK ONE:		
All debts, obligations and liabilities of the	e limited liability compa	my have been paid or discharged.
OR- Adequate provision has been made for th	,	
6. All remaining property and assets have been distri	. •	•
rights and interests.	ionica among no mento	ns in accordance with man respective
7. CHECK ONE:		
There are no suits pending against the con	mpany in any court.	
OR- Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of any jud	gment, order or decree which may be
natures of the members having the same percentage	of membership interests	necessary to approve the dissolution:
Signature		Printed Name
Jean E. Charipe 8/16/11	Jean Char	npe, Member
	ak rikumunda raka man kerkumulda bi katera dalika de sa	

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