# L10 0000 76047

(Re	equestor's Name)				
(Ac	ldress)	<del></del>			
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(Ві	usiness Entity Ñan	ne)			
(Document Number)					
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## COVER LETTER •

TO: Registration Section
Division of Corporations

SUBJECT. F

# AJSH III 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:

DALE DEL BELLO				
(Name of Person)				
(Firm/Company)				
18212 SUNSET BLVD				
(Address)				
REDINGTON SHORES FL 33708				

(City/State and Zip Code)

For further information concerning this matter, please call:

DALE DEL BELLO

...727

743-3434

(Name of Person)

(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

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited AJSH III LLC	liability company is			
2. The Articles of Organ	ization were filed on 07/19	9/2010	and assigned	
document number L10	0000076043	· · · · · · · · · · · · · · · · · · ·		
(e) Note: If the date insert		r more than 90 days later tha t the applicable statutory f	filing:  n date document is received for file filing requirements, this date wi	
605.0707, Florida Stat	utes, (copy 605.0707 on ba	imited liability compan ack cover letter).	y's dissolution pursuant to s	section
BUSINESS IS CLOSEI	,			
		<u> </u>	7-1	
		,	SECRE	15 NO
5. If there are no membe activities and affairs:	rs, enter the name and add	• • • • • • • • • • • • • • • • • • • •	inted to wind up the compan	vä :
	18212 SUNSET BL	VD	FSIA	H 7: 3
	REDINGTON SHO	RES FL 33708		
6. Signature of an author listed above to wind up t	rized person or if there are the company's activities an	no members, the signated affairs:	ture of the person appointed	and
The Td	VFULO	DALE DEL BELL	<u> </u>	
Signatufe		r	Printed Name	

FILING FEE: \$25.00