L11 000000 78629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

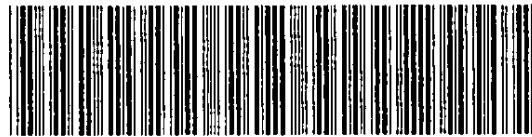☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
10 AUG -3 PM 4:18

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -3 AM 9:35

B. KOHR

AUG - 4 2010

EXAMINER

ACCOUNT NO. : I20000000195

REFERENCE : 467579   7724781

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : August 3, 2010

ORDER TIME : 2:23 PM

ORDER NO. : 467579-005

CUSTOMER NO: 7724781

DOMESTIC FILINGS

NAME: AJ'S SATISFACTION LLC

XX___ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX___ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

AJ's Satisfaction LLC

2. The Articles of Organization were filed on July 27, 2010 _____ and assigned document number

L10000078629 _____.

3. The date the dissolution was approved: August 3, 2010 _____.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

608.441(1)(c)- upon the written consent of the sole member. _____

_____

_____

_____

5. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature _____

Printed Name

Maurice R. Kassimir _____

_____

_____

_____

_____

_____

FILING FEE: $25.00