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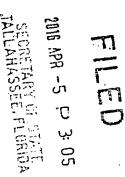
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MNJP 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:
Patsy W. Mixon (Name of Person)
MNJP, LLC (Firm/Company)
2630 Noble Drive
Tallahassee, FL 32308 (City/State and Zip Code)
For further information concerning this matter, please call:
Paky W. Mixon at (850) 528-4442 (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 Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
MNJP, LLC	
2. The Articles of Organization were filed on 7 13 26 1 and assigned	
document number <u>L 11000080803</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
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).	
Property controlled by LLC was	
sold. No longer owned by LLC SO	
no need for LC.	
5. If there are no members, enter the name and address of the person appointed to wind up the company's	
activities and affairs: tots y w, MYON	
2630 Noble Dring	
Tallohassoe, El	
32308	
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:	77
Te Domes R& W MUXON	m
Signature Printed Name	D
FILING FEE: \$25.00	

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