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(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SUGSETARY OF STATE
TALLAHASSEF FIRMS

J. EKUCE

COVER LETTER

TO:	Registration Section
	Division of Corporations

JAH REI #2, LLC

SUBJECT:

(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:

Bruce Jay Toland, Esq.				
(Nan	ne of Person)			
Bruce Jay Toland, P.A.				
(Firm	m/Company)			
80 SW 8th Street #2805				
(.	Address)			
Miami, Florida 33130				
(City/Sta	ite and Zip Code)		SEC FALL	
For further information concerning this matter, please call:			AREA ARA	
Bruce Jay Toland, Esq.	305	810-5957	30 ARY C	
(Name of Person)		Code & Daytime Telephone	Number) =	m
Enclosed is a check for the following amount:			9: 57 STATE ORIDA	O
✓ \$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Fil	ing Fee, Certificate of Disso	olution &	

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is JAH REI #2, LLC			
2.	The Articles of Organization were filed on November 3, 2011 and assigned			
	document number L11000125591			
3.	The delayed effective date the dissolution if not effective on the date of filing: December 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).			
	The consent of all of the members.			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's			
activities and affairs:				
activities and arians.				
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lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:			
	\$ th 2			
	Herbert Jordan, Member			
	Signature Printed Name			

FILING FEE: \$25.00