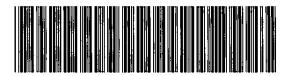
# L12000035461

(Re	questor's Name)				
<i>y</i>	dress)				
Cit	y/State/Zip/Phon	e #0			
PICK-UP		MAIL			
- (Bu	siness Entity Nar	me)			
(Do	cument Number)	)			
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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2014 DEC 30 AM 9: 4-1
SECRETARY OF STATE

M. 1.A. S. I.S.

### **COVER LETTER**

	tration Section ion of Corporations			
J SUBJECT:	AH REI #9, LLC			
SUBJECT: _	(Name of Limite	d Liability Compai	ıy)	
The enclosed A	Articles of Dissolution and fee(s) are submitted	ed for filing.		
Please return a	Il correspondence concerning this matter to the	he following:		
	B I. T.I. I.E			
	Bruce Jay Toland, Esq.			
	(Nam	e of Person)		
	Bruce Jay Toland, P.A.			
	(Firm	/Company)		<del></del>
	80 SW 8th Street #2805			
	(/	\ddress)		
	Miami, Florida 33130			
	(City/Stat	e and Zip Code)	Marie Control of the	— <u>As</u>
For further info	ormation concerning this matter, please call:			2014 DEC 30 STORETARY ALLAHASSI
Brue	ce Jay Toland, Esq.	305	810-5957	SEE O
	(Name of Person)	(Area Co	ode & Daytime Telephone	Number)
Enclosed is a ch	eck for the following amount:		810-5957 ode & Daytime Telephone	9: C STATE ORIBA
₹ \$25.00	Filing Fee and Certificate of Dissolution	□ \$55.00 Filin	g Fee, Certificate of Dissol	lution &

#### 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

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liab JAH REI #9, LLC	oility company is		,
The Articles of Organizat	ion were filed on March 13	, 2012	and assigned
document number L1200	00035461		
The delayed effective date (effecti	e the dissolution if not effecti ve date cannot be prior to or more t	ve on the date of filing: han 90 days later than date do	December 31, 2014 cument is received for filing)
A description of occurren 605.0707. Florida Statutes	ce that resulted in the limited, (copy 605.0707 on back co	l liability company's dis-	solution pursuant to section
The consent of all of t		toriory.	
		•	
If there are no members, e	enter the name and address of	the person appointed to	wind up the company's
activities and affairs:			<del></del>
			A H A B C C C C C C C C C C C C C C C C C C
			30 AR) (SS)
			AM FL
		·	S
. Signature of an authorized sted above to wind up the c	d person or if there are no me ompany's activities and affai	embers, the signature of rs:	
			•
	14	Herbert Jordan, Mer	
Signature	$\overline{\gamma}$	Printed 1	Vame

FILING FEE: \$25.00