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| (Re | equestor's Name) | | | | | | |
|---|------------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2015

JODI CUTLER 3330 NE 190TH ST, APT 2615 AVENTURA, FL 33180

SUBJECT: MAJUHO, LLC Ref. Number: L12000101369

We have received your document for MAJUHO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00002048

2015 JAN 21 PH 12: 52

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 2. The Articles of Organization were filed on 08/06/2012 and assigned document number L12000101369 3. The delayed effective date the dissolution if not effective on the date of filing: 1/21/2015 (reflective date cannot be prior to or more than 90 days fater 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). Corporation no longer operates. The corporation has no assets and no liabilities. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 3330 NE 190th Street, Apt. 2615 Aventura, FL 33180 6. Signature of an authorized person or if there are no members, the signature of the person appointed listed above to wind up the company's activities and affairs: Jodi Cuttler Signature Jodi Cuttler Signature Printed Name | 1. | The name of a limited liabil Majuho, LLC | ity company is | | | | | | |
|---|-----------|--|---|------------------------|--|---------|----------------------|--|--|
| 3. The delayed effective date the dissolution if not effective on the date of filling: teffective date cannot be prior to or more than 90 days fater than date document is received for filling) 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). Corporation no longer operates. The corporation has no assets and no liabilities. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 3330 NE 190th Street, Apt. 2615 Aventura, FL 33180 5. Signature of an authorized person or if there are no members, the signature of the person appointed dated is the person appointed dated and listed above to wind up the company's activities and affairs: | 2. | The Articles of Organizatio | n were filed on 08/06/2012 | | and assigned | | | | |
| 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). Corporation no longer operates. The corporation has no assets and no liabilities. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Jodi Cutler | | document number L1200010 | 01369 | | | | | | |
| 6. Signature of an authorized person or if there are no members, the signature of the person appointed and up the company's activities and up the company's activities and affairs: 6. Signature of an authorized person or if there are no members, the signature of the person appointed to wind up the company's activities and affairs: | 3. | 3. The delayed effective date the dissolution if not effective on the date of filing: 1/21/2015 (effective date cannot be prior to or more than 90 days later than date document is received for filing) | | | | | | | |
| 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Jodi Cutler 3330 NE 190th Street, Apt. 2615 Aventura, FL 33180 Aventura, FL 33180 Company's activities and affairs: | 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). | | | | | | | |
| Aventura, FL 33180 Aventura, FL 33180 Aventure 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: | | Corporation no longer operates. The corporation has no assets and no liabilities. | | | | | | | |
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| Aventura, FL 33180 Aventura, FL 33180 Aventura, FL 33180 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: | 5. | lodi Cutler | | | | | | | |
| 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: | | | 3330 NE 190th Street, Apt. | 2615 | Real Control C | 2015 J. | ORIESTA-C | | |
| 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: | | | Aventura, FL 33180 | | ASSE ANSSE | M 21 | Param. | | |
| listed above to wind up the company's activities and affairs: | | | | | 40 | 3 | | | |
| Jali Coitles Jodi Cutler Printed Name | 6. lis | Signature of an authorized patted above to wind up the con | person or if there are no men npany's activities and affairs | bers, the signature of | the person appointed and | S | ti iziway Mayerin | | |
| Jodi Cutler Signature Printed Name | | Apli Catla | 2 | | | | | | |
| | | Signature | | | Name | | | | |

FILING FEE: S25.00

DOS owes \$10 based on an over payment when originally filed in January. Please have a check made out to the following:

Jodi Cutler 3330 NE 190th St., Apt. 2615 Aventura, FL 33180

Thank you