

LR00010130A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

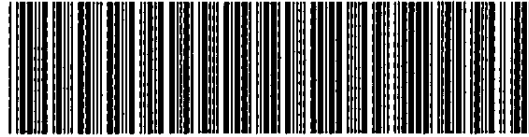
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900268415039

900268415039
01/21/15--01036--010 **35.00

FILED
2015 JAN 21 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 19 2015
D. BRUCE



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 PM 12:52
TALLAHASSEE FLORIDA
SECRETARY OF STATE

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Majuho, LLC
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
(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).
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

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 Cutler

Signature

Jodi Cutler

Printed Name

FILING FEE: \$25.00

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

FILED
2015 JAN 21 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA