

L12000129057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

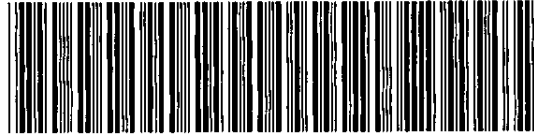
(Business Entity Name)

(Document Number)

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2014 JUN 13 12:03:42  
SUFFOLK COUNTY  
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2014 JUN 16 09:36  
TALLAHASSEE  
FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2014

CSC

SUBJECT: SJCF MANAGEMENT, LLC  
Ref. Number: L12000129057

We have received your document for SJCF MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 014A00013047

The logo for CSC Corporation Service Company, featuring the letters 'CSC' in a bold, sans-serif font above a stylized circular graphic.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 177059 7496669

AUTHORIZATION :

COST LIMIT :

\$ 25.00

A handwritten signature in cursive script, appearing to read 'L. J. ...', written over the printed text for authorization and cost limit.

ORDER DATE : June 13, 2014

ORDER TIME : 8:47 AM

ORDER NO. : 177059-005

CUSTOMER NO: 7496669

DOMESTIC FILINGS

NAME: SJCF MANAGEMENT, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of a limited liability company is  
SJCF Management, LLC
  
2. The Articles of Organization were filed on October 9, 2012 and assigned  
document number L12000129057
  
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)
  
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 dissolution is pursuant to the consent of all the members pursuant to Section  
605.0701(2), Florida Statutes.
  
  
  
  
5. If there are no members, enter the name and address of the person appointed to wind 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 and listed above to wind up the company's activities and affairs:

India M. Henson-Colosimo  
Signature

India M. Henson-Colosimo  
Printed Name

**FILING FEE: \$25.00**

RECEIVED  
JAN 16 AM 9:20  
STATE OF FLORIDA  
SECRETARY OF STATE