L12000160722

| ; (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Address) | | |
| (Ac | dress) | , |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |





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2016 APR 29 P 12: 35

MAY 0 2 20!3 J. BRUCE

COVER LETTER

| TO:. Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Fajo LLC | |
| (Name of Limited | Liability Company) |
| , | |
| | |
| The enclosed Articles of Dissolution and fee(s) are submitted | d for filing. |
| Please return all correspondence concerning this matter to th | e following: |
| David A Ka | of Person) |
| | (Company) Road ddress) |
| Wewport 19 (City/State | Road ddress) Beach CA 92663 and Zip Code) |
| For further information concerning this matter, please call: | |
| Rich Saltzman (Name of Person) Enclosed is a check for the following amount: | at (<u>8/3</u>) <u>777 6305</u> (Area Code & Daytime Telephone Number) |
| ☐ \$25.00 Filing Fee and Certificate of Dissolution | \$55.00 Filing Fee, Certificate of Dissolution; & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: | STREET/COURIER ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | |
|---|---|
| Eujo LA | C |
| | |
| 2. The Articles of Organization were filed on/2 | $\sqrt{26/20/2}$ and assigned |
| document number <u>L /2000/60722</u> | · - |
| | e than 90 days later than date document is received for filing) applicable statutory filing requirements, this date will not be |
| 4. A description of occurrence that resulted in the limite 605.0707, Florida Statutes, (copy 605.0707 on back of eased all operations | ed liability company's dissolution pursuant to section over letter). |
| | |
| | |
| | |
| 5. If there are no members, enter the name and address activities and affairs: | Kuhn Fin T |
| 1311 Kins | s Road RASS |
| Newport | Beach CA 92663 |
| | 35 35 |
| 6. Signature of an authorized person of if there are no n listed above to wind up the company's activities and aff | nembers, the signature of the person appointed and airs: |
| DYAKA | Dovid A Kol |
| Signature | Printed Name |

FILING FEE: \$25.00