

L13000020377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

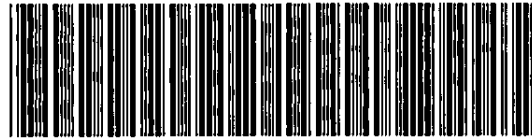
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600257236556

03/10/14--01003--017 **25.00

FILED
2014 MAR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Voluntarily dissolution for LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rejane Passos

(Name of Person)

Rejane Paralegal Services LLC

(Firm/Company)

2407 Madison Street

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Rejane Passos

(Name of Person)

at (954) 736-9094
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2014

REJANE PASSOS
2407 MADISON ST
HOLLYWOOD, FL 33020

SUBJECT: REJANE PARALEGAL SERVICES LLC
Ref. Number: L13000020377

We have received your document for REJANE PARALEGAL SERVICES 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):

The effective date must be specific and cannot be prior to the date of filing.

Also please remove date of dissolution from the Notice of Dissolution.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 714A00005316

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

1. The name of a limited liability company is
Rejane Paralegal Services LLC
2. The Articles of Organization were filed on 02/04/2013 and assigned
document number L13000020377
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).
Voluntarily dissolve, business venture has failed. I'm not able to afford to continue
operating the business at a loss.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: There are no members.
Rejane Passos
2407 Madison Street
Hollywood, FL 33020
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:


Signature

Rejane Passos
Printed Name

FILING FEE: \$25.00

FILED
2014 MAR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Rejane Paralegal Services LLC

Document number of Limited Liability Company is: L13000020377

Date of dissolution was: _____

Description of information that must be included in a written claim:

Voluntarily dissolve, business venture has failed. I'm not able to afford to continue
operating the business at a loss.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Rejane Passos

2407 Madison street

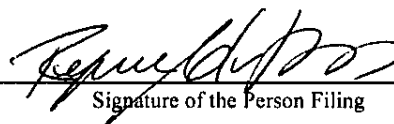
Hollywood, FL 33020

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rejane Passos

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00