

L13 0000 313 30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

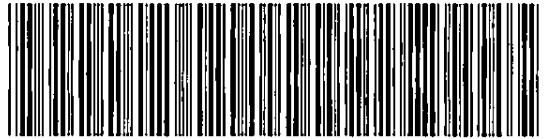
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700434520477

08/12/24--01019--006 **25.00

T.J. HEINEMANN, P.A.

ESTATE PLANNING • ASSET PROTECTION • CORPORATE LAW • REAL ESTATE & TITLE SERVICES

T.J. HEINEMANN, J.D., LL.M.*

* Master of Laws – Estate Planning

3141 SW MAPP ROAD

PALM CITY, FL 34990

TEL. 772.888.5667

ADMIN@TJHEINEMANNPA.COM

WWW.TJHEINEMANNPA.COM

August 7, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

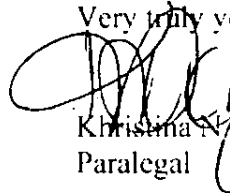
RE: Articles of Dissolution for LJJS Properties, LLC
Document No.: L13000031330

Dear Sir or Madam:

Enclosed, please find Articles of Dissolution for the above-referenced entity along with a check in the amount of \$25.00 representing the filing fee. Please forward the Certificate of Dissolution to this office once the filing is completed.

Should you need anything further, please do not hesitate to contact our office.

Very truly yours,


Kristina N. Iwasz, CP
Paralegal

:kni
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LJJS PROPERTIES, 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:

T.J. HEINEMANN, ESQ.

(Name of Person)

T.J. HEINEMANN, P.A.

(Firm/Company)

3141 SW MAPP ROAD

(Address)

PALM CITY, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

T.J. HEINEMANN

(Name of Person)

772

888-5667

at (_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

LJJS PROPERTIES, LLC

2. The Articles of Organization were filed on 02/28/2013 and assigned

document number L13000031330

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

ALL MEMBERS CONSENTED TO THE DISSOLUTION OF THE COMPANY AND THE WINDING UP

OF THE COMPANY'S AFFAIRS.

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:



Signature

LISA C. GRECO

Printed Name

FILING FEE: \$25.00

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: LJS PROPERTIES, LLC

Document number of Limited Liability Company is: L13000031330

Date of dissolution was: 07/30/2024

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

1. A statement of the time when and the place where the claim arose
2. A detailed statement of the nature of the claim and of the damages alleged or claimed to have been sustained
3. A signature and verification by the claimant before an officer authorized to administer oaths

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

2467 SW MANOR HILL DRIVE

PALM CITY, FL 34990

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.

LISA C. GRECO

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