1 December 18

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ong last Chance Schor Living LLC (Name of Limited Liability Company)	
(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:	
Jachyn Jaster (Name of Person)	
(Firm/Company)	
(Time company)	
218 West Fairwood Drive	
Chalfant Pta 18914 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
1001 100100 1000 1000 1000 1000 1000	P
(Name of Person) at (267) 318 64.5 Of (Area Code & Daytime Telephone Number))
Enclosed is a check for the following amount: (215)822 9319	
Tri Cris	2011
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is emposed)	₹ TI
55E	
MAILING ADDRESS: STREET/COURIER ADDRE	iac.
D	
P.O. Box 6327 Division of Corporations Division of Corporations Clifton Building)
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is
	One Last Chance Suber Living LC
2.	The Articles of Organization were filed on
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/9/2015 (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).
	Not recieving enough income
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Jochn Jester 27 F
	218 West Fairward Drive
	Chalfornt, PA 18914
	215 822 9319
	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Jacque Jester Jackyn Jester

FILING FEE: \$25.00