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Special Instructions to	Filing Officer:		

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2014

JOHN NEWMAN 236 WEST VIRGINIA AVENUE DELAND, FL 32720

SUBJECT: J NEWMAN VENTURES, LLC Ref. Number: L13000105439

We have received your document for J NEWMAN VENTURES, 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. The proper form is enclosed for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 114A00006458

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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TO: Registration Section Division of Corporations

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SUBJECT:	John	Thewman	Ventures	
	0	(Name of	Limited Liability Company	γ)

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

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Please return all correspondence concerning this matter to the following:

J. Mumman (Name of Person) J. Mumman Usatures (Firm/Company) 336 W. Ungrine J. J. Mumman Autores (Firm/Company) 336 W. Ungrine J. J. Mumman Autores (Firm/Company) 326 W. Ungrine J. J. Mumman Autores (Firm/Company) 326 W. Ungrine J. J. Mumman Autores (City/State and Zip Code) With PR 200 PH 100 PH 1		John Ruo	man		
J. Tuwman Unitures (Fim/Company) 236 W. Unignia Care (Address) Juliand, H. 3x720 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee Certific					
Juland, H. 32720 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) at (/		
Juland, H. 32720 (City/State and Zip Code) Juland, G. Status For further information concerning this matter, please call: (Name of Person) at (236 W. U	uginia auc		
Auland, Fl. 32720 (City/State and Zip Code) The RC 6 (City/State and Zip Code) For further information concerning this matter, please call: The RC 6 (City/State and Zip Code) (Name of Person) at () (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$25.00 Filing Fee \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations			(Address)	2	
For further information concerning this matter, please call: (Name of Person) (Name of Person) Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations		Deland, =	El. 32720		
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\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations		(Name of Person)	(Area Code & Daytime	Telephone Number).	
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Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Division of Corporations Division of Corporations					
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Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

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A DITICY BE OF DISSOF VITION
ARTICLES OF DISSOLUTION FOR
A LIMITED LIABILITY COMPANY
1. The name of a limited liability company is
J. Travman Viatures
2. The Articles of Organization were filed on <u>7-30-13</u> and assigned document number
L13000/05439
3. The date the dissolution was approved: $3 - 1 - 14$
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).
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5. CHECK ONE:
-All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
7. CHECK ONE:
There are no suits pending against the company in any court.
-OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which maybe entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution.
Signature Printed Name
John Ruman - JOHN NEWMAN
FILING FEE: \$25.00