# 11300107388

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18 MAR -5 AM ID: 56

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JARA 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:
RALPH Aurilia (Name of Person)
JARA PROPERTIES LLC
83 CaTheoral Ave
Flor Lam PARK WJ 07932 (City State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RACILI Aurilia au GDS, 951-6508
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution  \$\Bigsup \\$55.00 \text{ 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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

18 MAR -5 AM 10: 56

LE CONTARY OF STATE
OFFICE OF STATE

. The name of a limited liab	lity company is	Propertie!	s Li	CHASSES OF STATE
The Articles of Organization	on were filed on		_ and assigne	d
document number	1300010	7388		
Note: If the date inserted in	the dissolution if not effect e date cannot be prior to or more this block does not meet the a ctive date on the Department	than 90 days later than date applicable statutory filing i	document is rece	
A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limite (copy 605.0707 on back co	ed liability company's d' over letter).	issolution pur	suant to section
No La	owjer in	J USE		
	7	_		
If there are no members, er activities and affairs:	ter the name and address of	of the person appointed Aug. 1, A	to wind up th	e company's
	83 CATH	coent 1	fuc	
	FloRAAN	n Pank	WJ 0	7932.
Signature of an authorized ted above to wind up the co	person or if there are no mmpany's activities and affa	nembers, the signature of	f the person a	ppointed and
Parh		RA	- p 14	Aurilia
Signatura		Printed	Name	

**FILING FEE: \$25.00**