

L 14 000 142 304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

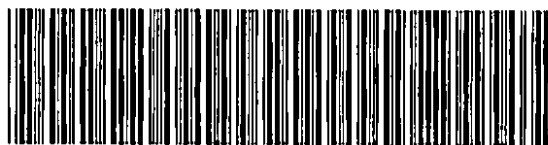
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/03/19--01011--001 \*\*25.00

R. WHITE

APR 11 2019

FILED  
2019 APR -3 PM 12:52  
R. WHITE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **AJ's Generators, 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:

**Adam Johnson**

(Name of Person)

**AJ's Generators, LLC**

(Firm/Company)

**PO Box 1347**

(Address)

**Welaka Fl. 32193**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Adam Johnson**

(Name of Person)

**386**

**868-9296**

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**

2019 APR -3 PM 12:52

STOP  
TAXI  
STATE  
FL

1. The name of a limited liability company is  
AJ's Generators, LLC

2. The Articles of Organization were filed on April 1, 2019 and assigned  
document number \_\_\_\_\_

3. The delayed effective date the dissolution if not effective on the date of filing: April 1, 2019  
(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).  
Health issues and moving out of State.

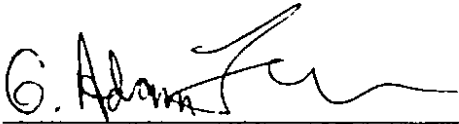
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

Adam Johnson

PO Box 1347

Welaka, FL 32193

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

G. Adam Johnson

Printed Name

**FILING FEE: \$25.00**