#2/4000/84269

(Requestor's Name)				
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(Ci	y/State/Zip/Phon	e #)		
	☐ WAIT	MAIL		
FIOR-OF	VV AII	I WILL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies Certificates of Status				
		 		
Special Instructions to Filing Officer:				
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Office Use Only



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2015 FEB 20 PM 4: 20

K. SALY EXAMINER MAR - 4 2015

COVER LETTER

· TO:

	ration Section on of Corporations				
SUBJECT	ENBAR, LLC				
SUBJECT: (Name of Limited Liability Company)					
The enclosed A	rticles of Dissolution and fee(s) are submitted	for filing.			
Please return al	I correspondence concerning this matter to the	e following:			
	BARRY I. KLEINBAUM				
	(Name	of Person)			
	JENBAR, LLC				
(Firm/Company)					
6633 DOLPHIN COVE DR					
	(Address)				
	APOLLO BEACH FLORIDA 335	572			
	(City/State	and Zip Code)			
For further info	rmation concerning this matter, please call:				
BAR	RY I. KLEINBAUM	813 at (493-5948		
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·	le & Daytime Telephone Number)		
Enclosed is a che	ck 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	Regist Divisi	ET/COURIER ADDRESS: ration Section on of Corporations Building		
	Tallahassee, FL 32314	2661 I	Executive Center Circle		

EFFECTIVE DATE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2015 FEB 20 PM 4: 20
SECRETARY OF STATE
ALLAHASSEE, FLORIE

1.	The name of a limited liabili	ty company is		-210 LER S		
	JENBAR, LLC			SEURETAR TALLAHASSE		
2.	The Articles of Organization	were filed on DECENBER 02,	2014 and assigned			
	document number L14000	184269				
3. The delayed effective date the dissolution if not effective on the date of filing: MAY 17,2015 (effective date cannot be prior to or more than 90 days later than date document is received for						
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).					
	LLC NEVER FUNDED					
			<u> </u>			
5. Ii	If there are no members, enter	f there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:					
		6633 DOLPHIN COVE DR				
		APOLLO BEACH, FLORIDA	A 33572			
6. lis	Signature of an authorized p ted above to wind up the com	erson or if there are no members, the pany's activities and affairs:	e signature of the person ap	pointed and		
<u>,</u>	and klul	BARRY	I. KLEINBAUM			
	Signature		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:	
	4000184269
Date of dissolution was: MAY 17, 2015	THE RESERVENCE
Description of information that must be included in a wri	tten claim:
LLC NEVER FUNDED	4000184269 tten claim:
Mailing address where claims can be sent: (Claims canno	t be sent to the Division of Corporations)
BARRY I. KLEINBAUM	
6633 DOLPHIN COVE DR	
APOLLO BEACH, FLORIDA 33572	
	<u> </u>
A claim against the above named limited liability compar claim is commenced within 4 years after the filing of this	
BARRY I. KLEINBAUM	Ban O Koilen
Printed Name of the Person Filing	Aignature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00