#L 15000095543

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Ви	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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06/18/15--01034--011 **25.00

SLUNCHARY OF STATE

K.SALY EXAMINER JUN 1 9 2015

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: LSJ25, LLC					
(Name of Limited L	iability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Shih-Jie Liou					
(Name of Person)					
(Firm/Company)					
709 Cape Coral Pkwy W					
(Address)					
Cape Coral, FL 33914					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Lawrence Swan	_ _{at (} _239	540-2612			
(Name of Person)	(Area Cod	e & 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

1. The name of a limited liability company is

FILED

2015 JUN 18 AMII: 51

	LSJ25, LLC	ocone TALLAH,	TARY OF STATE SSEE FLORIDA		
2.	The Articles of Organization were filed on 06/0	1/2015 and assigned	**************************************		
	document number L15000095543				
3.	(effective date cannot be prior to o	the dissolution if not effective on the date of filing: re date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be received date on the Department of State's records.			
4.	A description of occurrence that resulted in the l 605.0707, Florida Statutes, (copy 605.0707 on ba	limited liability company's dissolution pursuant to seack cover letter).	ection		
	I set this company up as a single member entity prem	naturely. I am dissolving this LLC, which has had zero			
	usiness dealings. No transactions were handled under this name.				
			_		
5.	If there are no members, enter the name and add activities and affairs:	dress of the person appointed to wind up the company	y's 		
		•			
			_		
6. lis	Signature of an authorized person or if there are sted above to wind up the company's activities an	e no members, the signature of the person appointed and affairs:	 and		
	Shih - Die Lion	Shih-Jie Liou			
	S ignature	Printed Name			

FILING FEE: \$25.00