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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2016

MICHAEL G EAMES 5236 WEST LAKES DR DEERFIELD BEACH, FL 33442

SUBJECT: ASSET REHAB & RELOCATION ASSISTANCE, LLC

Ref. Number: L15000127015

We have received your document for ASSET REHAB & RELOCATION ASSISTANCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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.

Letter Number: 816A00015879

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: DISSOLUTION OF A	LIMITED LIABILITY COMPANY mited Liability Company)	
(Name of Lin	mited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are subr	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
MICHAEL G. EAM	/ES Name of Person)	
	Firm/Company)	
5236 WEST LAK	(Address)	
<u>DEERFIELD BEACH</u>	', FL 33 4 42 (State and Tin Code)	
(City)	State and Zip Code)	
For further information concerning this matter, please ca	all:	
in internal contraction	954 570 7210	
(Name of Person)	at (954) 570 7210 (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	STREET/COURIER ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	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
ASSET REHAB & RELOCATION ASSISTANCE, LLC.
2. The Articles of Organization were filed on <u>07/24/2015</u> and assigned document number <u>L 15000127015</u>
3. The delayed effective date the dissolution if not effective on the date of filing: (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.
 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).
COMPANY CEASED TO OPERATE
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
<u> </u>
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:
MICHAEL G. EAMES Printed Name
Signature Printed Name
FILING FEE: \$25.00