

L17000197368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

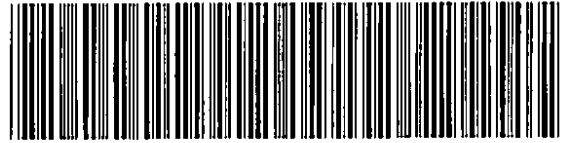
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/02/23--01011--016 **25.00

FILED
2023 FEB -3 PM 3:01
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALJ 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:

Adam Wnuk

(Name of Person)

ALJ Properties LLC

(Firm/Company)

8332 Muirfield way

(Address)

Port Saint Lucie , Florida 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Wnuk

(Name of Person)

215

5886917

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2023 FEB -3 PM 3:01
CLERK OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

ALJ Properties LLC

2. The Articles of Organization were filed on 09/22/2017 and assigned

document number L17000197368

3. The delayed effective date the dissolution if not effective on the date of filing: 10/1/2022
(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).

The business never took off or was even able to get started. As for that reason, there's no reason to keep paying

for the name. I've also had a back injury that I thought would be okay doing this type of work, but at the point of

being ready to retire I decided to retire and close down.

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 Wnuk

8332 Muirfield Way

Port Saint Lucie, Florida 34986

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

ADAM J. WNUK
Printed Name

FILING FEE: \$25.00