## P07000031062

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| `                       | ,                  |             |
| (Ac                     | ddress)            |             |
| (                       |                    |             |
| (Ar                     | dress)             |             |
| (Au                     | Jule 33)           |             |
|                         | ty/State/Zip/Phon  | o #0        |
| (0)                     | ty/State/Zip/Filon | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (Bı                     | usiness Entity Na  | me)         |
|                         |                    |             |
| (Do                     | ocument Number     | )           |
|                         |                    |             |
| Certified Copies        | _ Certificate      | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    | ]           |
|                         | <b>g</b>           |             |
|                         |                    |             |
|                         |                    | i           |
|                         |                    |             |
|                         |                    |             |
|                         | •                  |             |
|                         |                    |             |





500119780905

03/12/08--01009--015 \*\*35.00

08 MAR 12 PH I2: 33

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Dissolution of Corporation   |
| DOCUMENT NUMBER:P0700031062   |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Lisa M. Sheib (Name of Contact Person)  |
| LJM Reporting Inc.  |
| 5577 Northwest 125 Terrace  |
| (Address)  Coval Springs, Florida 33076  (City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| Lisa M. Sheib at (954) 801-4192 (Name of Contact Person) (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle                                   |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:   | The name of the corporation as currently filed with the Florida Department of State:  |
|----------|---|
|          | LJM Reporting, Inc.   |
| SECOND:  | The document number of the corporation (if known): P07000031062   |
| THIRD:   | The file date of the articles of incorporation: $3-9-07$  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)  |
|          | None of the corporation's shares have been issued.  |
|          | The corporation has not commenced business.   |
| FIFTH:   | No debt of the corporation remains unpaid.  |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.  |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)   |
|          | A majority of the incorporators authorized the dissolution.   |
|          | A majority of the directors authorized the dissolution.   |
| Sign     | ature:  (By a director, president or other officer - of directors or officers have not been selected, by an incorporator - if in the lands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  Lisa M. Sheib  (Typed or printed name of person signing)  Officer Registered Agant Aresident  (Title of Person Signing) |

Filing Fee: \$35