(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/21/2025

NAME: J&L-105 LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:\ ABBIE/PAUL HODGE

COVER LETTER

•

Division of Corporations						
J&L-105 LLC						
(Name of Limited Liability Company)						
The enclosed Articles of Dissolution and for						
Please return all correspondence concerning	g this matter to the following:					
JORDAN HEILMAN						
	(Name of Person)					
QUARLES & BRADY I	LP					
	(Firm/Company)					
411 E. WISCONSIN AV	411 E. WISCONSIN AVE. SUITE 2400					
	(Address)					
MILWAUKEE, WI 5320)2					
	(City/State and Zip Code)					
For further information concerning this ma	atter, please call:					
JORDAN HEILMAN	414 277-3034 at ()					
(Name of Person						
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:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations The Centre of Tallahassee					
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810					
rananassee, FL 32314	Tallahassee, FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANYCT 21

1.	The name of a limited liability company is J&L-105 LLC	
2.	The Articles of Organization were filed on August 25, 20	and assigned
	document numberL10000089521	
3.	The delayed effective date the dissolution if not effective (effective date cannot be prior to or more than Note: If the date inserted in this block does not meet the applisted as the document's effective date on the Department of States.	n 90 days later than date document is received for filing) licable statutory filing requirements, this date will not be
4.	A description of occurrence that resulted in the limited li 605.0707, Florida Statutes, (copy 605.0707 on back cove	ability company's dissolution pursuant to section r letter).
	THE CONSENT OF MEMBERS TO DISSOLUTION.	
5.	If there are no members, enter the name and address of the activities and affairs:	ne person appointed to wind up the company's
5. ib	Signature of an authorized person or if there are no members to wind up the company's activities and affairs:	bers, the signature of the person appointed and liste
	A. Hart	
	LE LE	O J. HERTZOG Printed Name

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: J&L-10	D5 LLC		
DOCUMENT NU	MBER:		
The enclosed Notice	e of Limited Liability (Company Dissolution and	d fee are submitted for filing.
Please return all co	rrespondence concerning	g this matter to the following	ng:
JORDAN HEILMAN			
	(Name of C	Contact Person)	
QUARLES & BRADY	/ LEP		
	(Firm	n/Company)	
411 E. WISCONSIN A	AVE. SUITE 2400		
	(Ac	idress)	
MILWAUKEE WI 532	202		
•	(City/Stat	e and Zip Code)	
For further informa	tion concerning this mat	ter, please call:	
JORDAN HEILMAN		at (414) 277-	3034
(Name of	f Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
■\$25 Filing Fee	☐\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address	Mailing Address: Street Address:		<u>s:</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

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:
Document number of Limited Liability Company is:
Date of dissolution was: OCTOBER 1, 2025
Description of information that must be included in a written claim:
THE LEGAL NAME OF THE CLAIMAINT, CLAIMANT'S ADDRESS AND OTHER CONTACT INFORMATION,
THE NATURE OF THE CLAIM, THE DATE THE CLAIM OCCURED, AND THE AMOUNT OF THE CLAIM.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
P. O. BOX 7038
NAPLES, FL 34101
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
LEO J. HERTZOG
Printed Name of the Person Filing Signature of the Person Filing

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