

L140000091682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

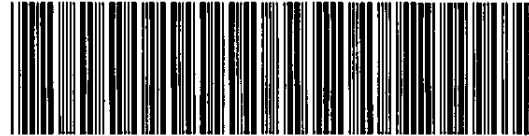
(Document Number)

Certified Copies ☒

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Office Use Only



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10/17/14--01013--019 \*\*55.00

FILED  
14 OCT 17 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUCE LIFE, 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:

RACHEL JAGENDORF  
(Name of Person)

(Firm/Company)

5801 SW 88<sup>th</sup> TERRACE  
(Address)

COOPER CITY, FL 33328  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW WYMAN at 954 767-6333  
(Name of Person) (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
14 OCT 17 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is JUCE LIFE, LLC
2. The Articles of Organization were filed on 6/9/14 and assigned  
document number L14000091682
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)
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).  
AGREEMENT OF ALL MEMBERS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Rachel Jagendorf  
Printed Name

FILING FEE: \$25.00

## 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: JUCE LIFE, LLC

Document number of Limited Liability Company is: L14000091682

Date of dissolution was: 10/17/14

Description of information that must be included in a written claim:

- NAME, ADDRESS (PHONE # OF CLAIMANT)
- BRIEF DESCRIPTION OF CLAIM INCLUDING AMOUNT
- DATE CLAIM AROSE

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

RACHEL JAGENDORF  
5801 SW 88TH TERRACE  
COOPER CITY, FL 33328

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 17 PM 2:25

FILED

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.

Rachel Jagendorf  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing