

L15000 085 433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

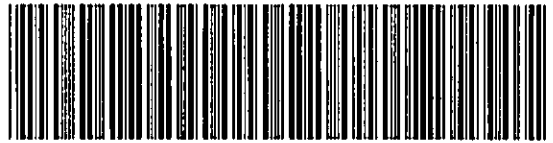
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/24/19--01019--023 ++25.00

2019 OCT 24 PM 2:20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Watts Jax Beach, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Weisman

(Name of Person)

ADVOS legal pllc

(Firm/Company)

5000 Sawgrass Village Cir., Suite 7

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren Weisman

(Name of Person)

at (904) 567-5311

(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**

2019 OCT 24 PM 2:20

1. The name of a limited liability company is
Watts Jax Beach, LLC

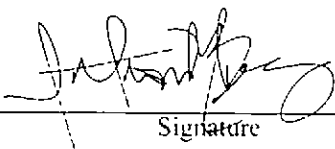
2. The Articles of Organization were filed on 5/14/2015 and assigned
document number 115000085433

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.

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).
Sale of all assets.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Autumn Berrang

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

Autumn Berrang

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Watts Jax Beach, LLC

Document number of Limited Liability Company is: L15000085433

Date of dissolution was: when filed

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

Name of claimant, basis of claim, and amounts claimed.

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

5000 Sawgrass Village Cir., Suite 7

Ponte Vedra Beach, FL 32082

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.

Lauren Weisman

Printed Name of the Person Filing

Lauren Weisman

Signature of the Person Filing

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