

L17000226466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

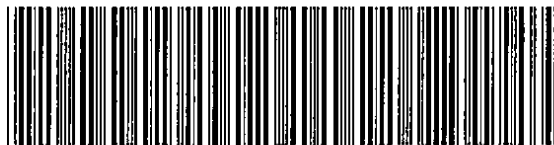
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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11/27/22--01038--010 **25.10

2022 11 27 PM 2:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM INVESTMENTS CC, LLC, a Florida limited liability company

(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:

Jeffrey R. Kuhns

(Name of Person)

Kuhns Law Firm, PLLC

(Firm/Company)

425 Cross St., Ste. #312

(Address)

Punta Gorda, FL 33950

(City/State and Zip Code)

For further information concerning this matter, please call.

Jeffrey R. Kuhns

(Name of Person)

941

205-8000

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:

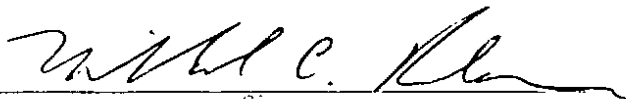
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
JM INVESTMENTS CC, LLC, a Florida Limited Liability Company
2. The Articles of Organization were filed on 11/01/2017 and assigned
document number L17000226466
3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2023
(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 consent 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

MICHAEL C. RIECHERS, AMBR
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

(pursuant to § 605.0712, F.S.)

above space reserved for Department of State

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 § 605.0712, F.S.

Name of Limited Liability Company: JM INVESTMENTS CC, L.L.C., a Florida Limited Liability Company

Document number of Limited Liability Company is: L17000226466

Date of dissolution was: **This document filed concurrently with Articles of Dissolution**

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

1. The name and address of the claimant and the name and address of the claimant's attorney, if any;
2. The amount of the purported claim (the "claim");
3. A description of the basis of the claim, including supporting documentation such as a contract, bill, or invoice that would sufficiently demonstrate the enforceability of claim against the above named Limited Liability Company;
4. The name and address of any other persons or entities who may be an obligee to the claim;
5. If the claim is contingent or unliquidated, a description of the nature of the uncertainty;
6. If the claim is secured, a description of the secured property; and
7. If the Claimant is a successor in interest (e.g., heirs, legal representatives, successors, and assigns), documentation demonstrating a legal interest to enforce the claim on behalf of the original claimant.

The mailing address where claims must be sent (via USPS Certified Mail/Return Receipt Requested or other nationally recognized overnight courier service, signature receipt required):

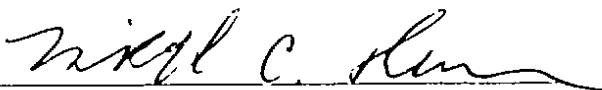
original copy to:

1222 NW 39th Ave
Cape Coral, FL 33993

with copy to:

Kuhns Law Firm, PLLC
425 Cross Street, Ste. #312
Punta Gorda, FL 33950

NOTE: 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.



Signature to Officer, Director or Manager
MICHAEL C. RIECHERS, AMBR

Dated: _____

11/21/2023