

L18000 116 307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

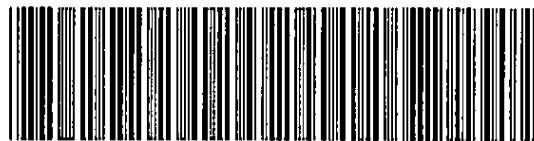
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/19--01003--003 **25.00

2019 NOV 14 PM 12:36
CLERK OF SUPERIOR COURT
DIVISION OF CONCORDANCE

12/23/19
DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAY'S Pilot Vehicle
(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 Harris
(Name of Person)

(Firm/Company)

1920 SW 31st Ave Apt # 26
(Address)

Ocala FL 34474
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Harris at 352, 282-6740
(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

2019 NOV 14 PM 12:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. The name of a limited liability company is

JAY'S PILOT VEHICLES LLC

2. The Articles of Organization were filed on 5-9-2018 and assigned

document number L18000116307

3. The delayed effective date the dissolution if not effective on the date of filing: 9-20-2018
(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).

LACK OF WORK AND NOT ENOUGH
MONEY TO KEEP IT OPEN

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

JEFFREY HARRIS
1920 SW 31ST AVE APT #26
OCALA FL 34474

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:

Jeffrey Harris
Signature

JEFFREY HARRIS
Printed Name

FILING FEE: \$25.00