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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JMP Builder	c Consultants			
(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:			
Cindy Pantale	ine			
(Name of Person)				
JMP Building Consultarits				
5356 Haurford Circle				
ORlando, FL	32812			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
70 Tartier materials concerning the materials that				
Lind tantaloke	_ar(407) 855-827/			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
S \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution &			
already Faict	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 Tallabassee, FL 32314	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	
	JMP Building Consultants	
2.	The Articles of Organization were filed on $\frac{8}{12}/2011$ and assigned	
	document number <u>L110000930</u> 7 >	
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 listed as the document's effective date on the Department of State's records.	ot be
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).	on
	Health matters	
	The state of the s	17

		J
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs: Cindy Tantalone	
	5356 Hawford Circle	
	Orlando FC	
	30812	
6. at	Signature of an authorized person or if there are no members, the signature of the person appointed and bove to wind up the company's activities and affairs:	listed
_	incitatione Cinda Pantadone Signature Printed Name	
	FILING FEE: \$25.00	