L15000165735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JANMAR ENTERPRISE 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:

MARCIA RAMSEY
(Name of Person)

(Firm/Company)

2624 ANGUILLA DR.
(Address)

CAPE CORAL, FL 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCIA RAMSEY at (419) 631-2636
(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 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
   JANMAR ENTERPRISE, LLC

2. The Articles of Organization were filed on 09/29/2015 and assigned

   document number L15000165735

3. The delayed effective date the dissolution if not effective on the date of filing: 6/10/2020
   (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).
   CLOSED DOWN DUE TO TIME NEEDED TO CARE FOR MY MOTHER (95) WHO LIVES WITH ME

   CLOSED DOWN DUE TO TIME NEEDED TO CARE FOR MY MOTHER (95) WHO LIVES WITH ME

   CLOSED DOWN DUE TO TIME NEEDED TO CARE FOR MY MOTHER (95) WHO LIVES WITH ME

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

   2624 ANGUILLA DR

   CAPE CORAL, FL 33991

2020 JUN 15 PM 5:41

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

MARCIA RAMSEY
Printed Name

FILING FEE: $25.00