

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : BEIGHLEY MYRICK UDELL & LYNNE PA
Account Number : I20210000062
Phone : (561)549-9036
Fax Number : (561)491-5509

DISSOLUTION OR WITHDRAWAL
J.J.B. ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

FILED
2022 AUG 31 PM 3:54
SOLICITOR GENERAL
ALLIANCE, FLORIDA

Volunt. Diss.

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Corporate Filing Menu

Help

W/Notice

SEP 26 2022

D CONNEL

**BEIGHLEY
MYRICK
UDELL
+OLYNNE**

AUG 31 2022

August 30, 2022

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

Re: Articles of Dissolution for J.J.B. ENTERPRISES, INC.

To Whom It May Concern:

Enclosed please find the Articles of Dissolution for the above-referenced entity. Please bill to Account Number I20210000062. Please contact me with any questions. Thank you.

Respectfully,

/s/ Jill Robbe Smith, Esq.

JILL ROBBE SMITH
jsmith@bmulaw.com
561.549.9036

COVER LETTER

TO: Amendment Section
Division of Corporations

J.J.B. ENTERPRISES, INC.

RECEIVED
AUG 31 2022
BY: _____

SUBJECT: _____

G10996

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS G. ZEICHMAN, ESQ.

(Name of Contact Person)

Beighley, Myrick, Udell + Lynne, P.A.

(Firm/Company)

2385 NW Executive Center Drive, Suite 250

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS G. ZEICHMAN, ESQ.

561-549-9036

(Name of Contact Person) at (_____
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

FILED
2022 AUG 31 PM 3:56
RECEIVED
HALL COUNTY CLERK'S OFFICE
FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
LJB ENTERPRISES, INC.

610996

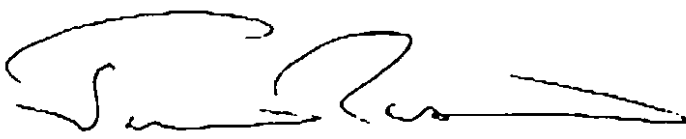
SECOND: The document number of the corporation (if known):
DECEMBER 30, 2021

THIRD: The date dissolution was authorized:
DECEMBER 30, 2021

Effective date of dissolution if applicable:
(no more than 90 days after dissolution file date)

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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JAMES BARKAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

J.J.B. ENTERPRISES, INC.

Name of Corporation: _____

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____
DECEMBER 30, 2021

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name of Claimant: _____

Address of Claimant: _____

Amount Purportedly Owed: _____

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

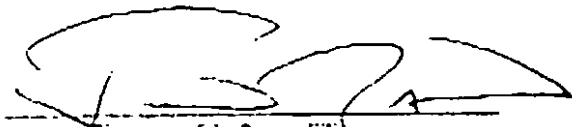
Beigley, Myrick, Udell + Lynde, P.A., c/o Thomas G. Zeichman, Esq., 2385 NW Executive Center Drive, Suite 250,

Boca Raton, FL 33431

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAMES BARKAN

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00