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LO2 11420
OK



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2004

JACK ROSS
12019 BREWSTER DRIVE
TAMPA, FL 33626

SUBJECT: JACK M. ROSS, P.L.
Ref. Number: L02000011420

We have received your document for JACK M. ROSS, P.L. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00044823

FILED
JUL 14 2004
TAMPA
FLORIDA

July 9, 2004

The Division of Corporations
Dissolution - For Profit Fl. Corp.
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Dissolution of Corporation
Jack M. Ross, P.L.
Tax Id. #680503682
Doc. #L02000011420

Division of Corporations:

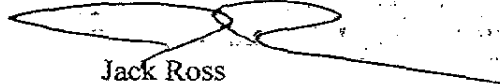
Please accept the enclosed dissolution of corporation form for the dissolution of Jack M. Ross, P.L. - Tax Id.# 680503682, Doc.# L02000011420

Also, please send one certified copy of dissolution to:

Jack M. Ross
12019 Brewster Drive
Tampa, Fl. 33626

Thank you.

Sincerely,


Jack Ross

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Jack M. Ross, P.L.
(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:

Jack Ross
(Name of Person)

(Firm/Company)

12019 Brewster DR.
(Address)

Tampa, FL 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

Jack Ross
(Name of Person)

at

813 431-5062
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

check already sent + kept by Tammi Cline

\$43.75

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

1. The name of the limited liability company is

Jack M. Ross, P.L.

2. The date the dissolution was approved:

July 9, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Consent of member

CEASED TO TRANSACT BUSINESS

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature



Typed or Printed name

Jack Ross