11)4000009934

(Req	juestor's Name)	-
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100258984861

04/17/14--01009--008 **25.00

2014 APR 17 AM 9: 52

APR 21 2014 J. BRUCE

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	JLC Real Property LLC			
SOBJECT	(Name of Limite	d Liability Company)		
The enclosed	Articles of Dissolution and fee(s) are submitte	ed for filing.		
Please return a	all correspondence concerning this matter to the	he following:		
	Matthew G. Kovarik			
	(Name	e of Person)		
	DeLoach, P.L.			
	(Firm	/Company)		
	1206 East Ridgewood Street			
	(A	Address)		
	Orlando, Florida 32803			
	(City/State	and Zip Code)		
For further inf	ormation concerning this matter, please call:		<u> </u>	
Mat	tthew G. Kovarik	407 740-5005		9014
	(Name of Person)	at ()(Area Code & Daytime Telephone Numb	ALLIANDE AS	,
Enclosed is a ch	neck for the following amount:		J.Y.C.	
\$25.0	0 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

1.	The name of a limited liability company is JLC Real Property LLC
2.	The Articles of Organization were filed on February 5, 2004 and assigned document number L04000009924
	The delayed effective date the dissolution if not effective on the date of filing:
4. <i>(</i>	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).
	The written unanimous agreement of the Member.
-	
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. l	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Signature Printed Name
(Fill of Cox member Jill L. Cox, Member
	FILING FEE: \$25.00 ALLAHASSEE FLORE 99
	BRIDA BRIDA