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(Requestor's Name)			
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2015 OCT 12 PM 5: 21
SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

K.SALY EXAMINER OCT 13 2015

COVER LETTER

Division of Corporations
SUBJECT: J. B. HODPITALITY 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:
_
PRAVIN PATEL
(Name of Person)
(Firm/Company)
2255 ELDEORO CIR
(Address)
CLEARWATER FL33764
CLEARWATER FL33764 (City/State and Zip Code)
For further information concerning this matter, please call:
PRAVIN PO 560 755 0808
PRAYIN PATEL at (562) 755 9898 (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:

TO:

Registration Section

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

EFFECTIVE DATE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liabil	lity company is		2015 OCT 12 D
J.B. Hoppitali	ty LLC		2015 OCT 12 PM 5: 2
2. The Articles of Organizatio	n were filed on $07/1$	3/04	TALLAHASSEE, FLORIDA
document number <u>LO4</u>	000051706		
Note: If the date inserted in t	date carmot be prior to or more	oplicable statutory filing r	: 12/31/15 locument is received for filing) equirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited	l liability company's di	ssolution pursuant to section
Puniago Logo	copy 603.0707 on back co	louplage of	04/03/15
	- VIA IV S. O		<u> </u>
			
5. If there are no members, en activities and affairs:	ter the name and address of Pawin Patel	f the person appointed t	o wind up the company's
	2255 ELDI	EORO CIR	<u>.</u>
	CLEARWATE	R, FL3376	4
6. Signature of an authorized plisted above to wind up the cor	person or if there are no me mpany's activities and affai	embers, the signature of	the person appointed and
BRATE		PRAVINI PAT	FI
Signature		Printed	Name

FILING FEE: \$25.00