

LO 5000000558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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1. 5/10/15 APR 27 2015

FILED
15 APR - 8 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JLS AGENT LLC - DOCUMENT NUMBER: L05000000598

(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:

JAMES L STRINGFELLOW, MEMBER MANAGER

(Name of Person)

JLS AGENT LLC

(Firm/Company)

4941 SW 91 TERRACE, SUITE 101

(Address)

GAINESVILLE FL 32608

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES L STRINGFELLOW

(Name of Person)

at (352) 371-2254

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

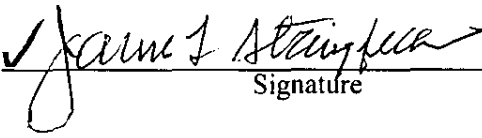
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
JLS AGENT LLC
2. The Articles of Organization were filed on JANUARY 03, 2005 and assigned
document number L05000000598
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
Unanimous written consent of the members of JLS Agent LLC.

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

6. Signature of an authorized person or if there are no members, the signature of the person appointed
listed above to wind up the company's activities and affairs: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature

JAMES L STRINGFELLOW
Printed Name

FILING FEE: \$25.00