

L05000031938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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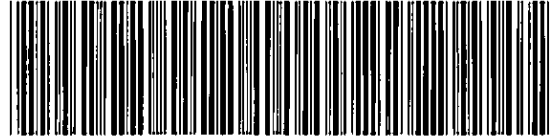
(Business Entity Name)

(Document Number)

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20 FEB 10 PM 5:18  
STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

MAR 04 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JTS 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:

Joseph T. Spaziani  
(Name of Person)

JTS LLC  
(Firm/Company)

6938 Rain Lily Ct #204  
(Address)

Naples FL 34109  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph T. Spaziani at (561) 889-7724  
(Name of Person) (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 Address:**

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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

JTS LLC

2. The Articles of Organization were filed on 4/1/2005 and assigned

document number 205000031938

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

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).

Retirement

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STATE OF FLORIDA

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

Joseph T. Spaziani  
6938 Rain Lily Ct #204  
Naples FL 34109

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

Joseph T. Spaziani  
Signature

Joseph T. Spaziani  
Printed Name

FILING FEE: \$25.00