4060000010076

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (,,, |
| (Document Number) |
| (Socialis in Figure 1) |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Clatos |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



600381273086

dissolution

02/09/22--01012--004 **25.00

2022 FEB -9 PM 2: 30

A. RAMSEY FEB 17 2022

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: JEM Home SERVICES LLC (Name of Limited Liability Company) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Name of Limited I | -iability Company) | | | | | | |
| | | | | | | | |
| The enclosed Articles of Dissolution and fee(s) are submitted | for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| _ | | | | | | | |
| FAMES HARRIE (Name of Person) | | | | | | | |
| (Name of Person) | | | | | | | |
| Id M Home SERWILLS 111 | | | | | | | |
| JEM HOMESERVILES LLL (Firm/Company) | | | | | | | |
| drad te 111. | | | | | | | |
| 4874 CP 116 (Address) | | | | | | | |
| (1) 15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | | |
| (Address) W/LD WOOD FL 347 85 (City/State and Zip Code) | | | | | | | |
| (City/State and Zip Code) | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| | | | | | | | |
| JAMES HARRIE. (Name of Person) | at (352) 340 - 741() | | | | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| \$25.00 Filing Fee and Certificate of Dissolution | | | | | | | |
| | Certified Copy (additional copy is enclosed) | | | | | | |
| | | | | | | | |
| Mailing Address: | Street Address: | | | | | | |
| Registration Section | Registration Section | | | | | | |
| Division of Corporations | Division of Corporations | | | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | | | |
| | Tallahassee, FL 32303 | | | | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPARAGE FEB - 9 PM 2: 30

| 1. | The name of a limited liability | ty company is HomeServices | 46 | WE SATISTE | 37475 |
|----------|--|---|--|---|-------------------------|
| 2. | The Articles of Organization | were filed on | 2/04/202 | 2 and ass | igned |
| | document number | 06000010076 | | , | / |
| 3. | The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect | late cannot be prior to or is block does not mee | rmore than 90 days later t the applicable statute | than date document/it ory filing requireme | |
| 4. | A description of occurrence to 605.0707, Florida Statutes, (c | hat resulted in the li opy 605.0707 on ba Due To Hep17H | mited liability comp ck cover letter). REASONS | oany's dissolution | pursuant to section |
| | | | · | | |
| _ | (c) | | | | |
| Э. | If there are no members, ento activities and affairs: | | ress of the person ap $\mathcal{E}_{\underline{}}$ | | |
| | | | | | |
| | | WN.DWOOD, FL | - 34785 | | |
| 6. ab | Signature of an authorized poove to wind up the company's | erson or if there are a activities and affair | no members, the sig | nature of the perso | on appointed and listed |
| \ | lus Cauf | | | mes HAR | 216 |
| | Signature | | | Printed Name | |

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Limited Liability Company: JEM HOMESERVICES | |
|--|-----------|
| Document number of Limited Liability Company is: Lo 60000 100 76 | |
| Date of dissolution was: 2-25-202/ | |
| Description of information that must be included in a written claim: | |
| RETIRED - DUE TO HEALTH REASONS | |
| • | |
| | |
| | |
| | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corp | orations) |
| JAMES HARRIE | |
| 4874 CR 116 | |
| WILDWOOD FL 34785 | |
| | |

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

claim is commenced within 4 years after the filing of this notice.