

LOL 0000 27964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

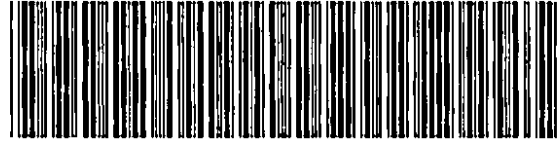
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/19--01009--005 **25.00

APPROVED
AND
FILED
2019 MAR 27 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FL 32310

T.G.
3/27/19

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fredrick R.O. Connor

(Name of Person)

(Firm/Company)

19542 Lost Creek Drive

(Address)

Fort Myers FL 33967

(City/State and Zip Code)

For further information concerning this matter, please call:

Fredrick R.O. Connor
(Name of Person)

at (239) 267-6241
(Area Code & Daytime Telephone Number)
cell 617-645-6546

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

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TALLAHASSEE, FLORIDA

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1. The name of a limited liability company is

Judi Management L.L.C.

2. The Articles of Organization were filed on JAN. 1996 and assigned

document number L 06 0000 27964

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)

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).

This company has no financial transactions
and is effectively out of business.

No further business operations will be
conducted.

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 and listed above to wind up the company's activities and affairs:


Signature

FREDRICK R. O'CONNOR
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED