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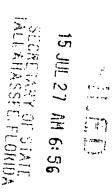
	(Requestor's Name)					
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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JUL 28 2015 J SHIVERS

TO:

Registration Section Division of Corporations

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

Please return all correspondence concerning this matter to the following:

WALTER JOHNSTON	
(Name of Person)	
 (Firm/Company)	
PO BOX 132B	
 (Address)	
LARGO FL 33770	
 (City/State and Zin Code)	

For further information concerning this matter, please call:

WALTER JOHNSTON
(Name of Person)

722) 482 7369 (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 liabili	ty company is		
Jewelry 1	nanagement	Services	LLC
2. The Articles of Organization		3/16/07	
document number	7000029294	-	
3. The delayed effective date the deffective of the listed as the document's effect.	is block does not meet the	applicable statutory fill	ling: 7/31/2015 late document is received for filing) ng requirements, this date will not b
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limit copy 605.0707 on back of	ed liability company`cover letter).	s dissolution pursuant to section
Comp	any losing too	much mor	ley, not protitable
			JALL.
5. If there are no members, enter	er the name and address	of the person appoint	ed to wind up the company
activities and affairs:	Wh	LIER JOHN	ISTON SSA N
	PI	BOX 132E	S FIGURE
		ARGO FL 3	3770
6. Signature of an authorized plisted above to wind up the com	erson or if there are no r pany's activities and aff	nembers, the signatur fairs:	e of the person appointed and
Walth 1 Hith Signature			R JOHNSTON
Signature		Prii	nted Name

FILING FEE: \$25.00