

LO 70000 81718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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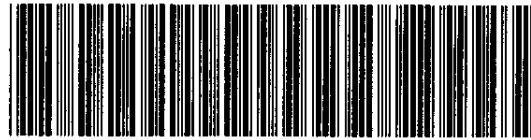
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jigsaw Tek 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:

Gil Valme

(Name of Person)

Jigsaw Tek LLC

(Firm/Company)

8950 Sunrise Lakes Blvd #206

(Address)

Sunrise FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

Gil Valme

(Name of Person)

at (754) 204 7488

(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

Jigsaw Tek LLC

2. The Articles of Organization were filed on 08/08/2007 and assigned

document number L07000081718

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)

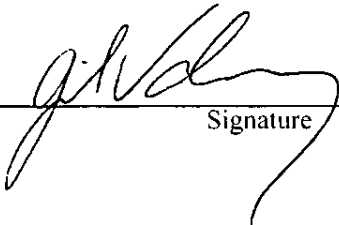
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company is closed/closing.

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

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TALLAHASSEE, FLORIDA

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

Gil Valme

Printed Name

FILING FEE: \$25.00