

LORD/08368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

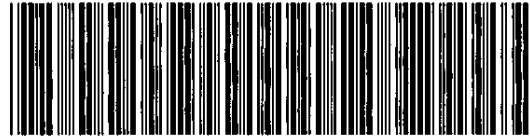
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/30/15--01036--026 **25.00

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15 MAR 30 PM 4:41
CLERK OF STATE
TOLSON BUILDING
WASHINGTON, D.C.

APR 17 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMS of Sarasota LLC

DOCUMENT NUMBER: L07000108368

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Shapiro

(Name of Contact Person)

JMS of Sarasota LLC

(Firm/Company)

6401 Kylie Creek Way

(Address)

Sarasota, FL 34240

(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Shapiro

(Name of Contact Person)

at (941)

(Area Code)

232-0655

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

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: JMS of Sarasota LLC

Document number of Limited Liability Company is: L07000108368

Date of dissolution was: 12/31/14

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6401 Kylie Creek Way
Sarasota, FL 34240

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CLERK OF COURT
STATE OF FLORIDA

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.

Jamie Shapiro

Printed Name of the Person Filing

Jamie Shapiro

Signature of the Person Filing