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(Red	questor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to F	Filing Officer:			
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## **COVER LETTER**

Division of Corporations				
SUBJECT: JAM INVESTORS, LLC (Name of Limited Liability Company)				
(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:				
<del></del>				
JERRY FASSNACHT (Name of Person)				
(Name of Person)				
JAM INVESTORS, LLC (Firm/Company)				
(Firm/Company)				
1009 ROUNDSTONE PLACE				
(Address)				
POINT HAREOR, FLOTUDA 34683 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
727 100 170 70				
JERRY FIRSHAULT at (727), 480: 7978  (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (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: STREET/COURIER ADDRESS	<u>.</u>			

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

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is		
	JAM INVESTORS, LLC	<u> </u>	
2.	The Articles of Organization were filed onand assig	ned	
	document number <u>L07000115795</u>		
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 re  Note: If the date inserted in this block does not meet the applicable statutory filing requirements listed as the document's effective date on the Department of State's records.	eceived for filing, this date will	g) not be
4.	A description of occurrence that resulted in the limited liability company's dissolution p 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ursuant to se	ction
	CONSENT OF MENET 03		_
5.	If there are no members, enter the name and address of the person appointed to wind up activities and affairs:	AHAS	
6. lis	Signature of an authorized person or if there are no members, the signature of the person sted above to wind up the company's activities and affairs:  GERALO Face		_ _ nd
	Signature Printed Name	1	<u>'1</u>
	FILING FEE: \$25.00		