

L07000122655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

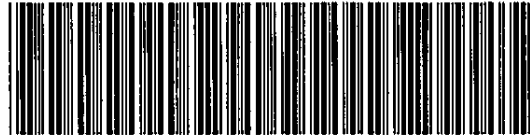
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JAN -5 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jambone 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:

Scott Elliott Alderson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

PO Box 1098  
(Address)

Cashiers NC 28717  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Elliott Alderson at ( 828 ) 200-1225  
(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:

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

Jambone LLC

2. The Articles of Organization were filed on ?? and assigned

document number ??

3. The delayed effective date the dissolution if not effective on the date of filing: ASAP  
(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).

Went out of business in November 2009

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

Scott Elliott Alderson

PO Box 1098

Cashiers NC 28717

828-200-1225

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

Scott Elliott Alderson  
Printed Name

**FILING FEE: \$25.00**

FILED  
15 JAN -5 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA