

11/11/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000331845 3)))



H190003318453ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JACKSONVILLE SPECIALISTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/1/2019

FILED
2019 NOV 12 P 1:23
JACKSONVILLE, FLORIDA

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Jacksonville Specialists, LLC

SECOND:

The date of filing of the initial articles of organization is: 07/29/2008

THIRD: The date of filing of the dissolution is:

10-18-2019

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Natalie H. Cline
Signature of Authorized Representative

Natalie H. Cline, Authorized Person
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)