

109000005255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

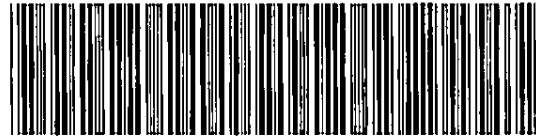
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/26/17--01033--019 **25.00

12/26/17
11:41 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 26 AM 7:56

SAVAGE, KRIM & SIMONS

Law Offices

SINCE 1921

gsimons@savagekrim.com
GARY C. SIMONS

121 NW THIRD STREET
OCALA, FLORIDA 34475-6640

(352) 732-8944
FAX (352) 867-0504

www.savagekrim.com

CHARLES A. SAVAGE (1898-1994)
FRED J. KRIM (1921 - 2016)

OF COUNSEL
JOHN S. SIMONS

December 20, 2017

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

Re: *JBE OF OCALA, LLC*
Document Number: *L09000005255*

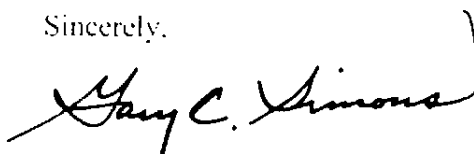
Dear Sir/Madam:

Enclosed please find Articles of Dissolution of JBE of Ocala, LLC which needs to be filed with the Division of Corporations, along with our firm check number 027715 in the sum of \$25.00 which represents the filing fee and certificate of dissolution.

All correspondence concerning this matter should be returned to our office.

If you have any questions, please do not hesitate to give my office a call.

Sincerely,



GARY C. SIMONS
For the Firm

GCS/pab
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBE OF OCALA, 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:

Gary C. Simons, Esquire

(Name of Person)

Savage, Krim & Simons

(Firm/Company)

121 NW 3rd Street

(Address)

Ocala, FL 34475

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary C. Simons

(Name of Person)

at (352) 732-8944

(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

JBE OF OCALA, LLC

2. The Articles of Organization were filed on January 15, 2009 and assigned

document number L09000005255

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2017

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

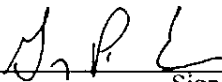
The company has ceased doing business and all assets have been distributed. All members have consented.

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

1212 SE 17th Avenue

Ocala, FL 34471

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

Gary P. Ewers, Manager

Printed Name

FILING FEE: \$25.00

17 DEC 26 AM 7:56
STATE OF FLORIDA
DEPARTMENT OF STATE
CLERK