## L09 000 012 090

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nai	me)
(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
<u></u>		

Office Use Only



100279408801



12/07/15--01022--022 \*\*25.00



DEC 0 8 2015 J SHIVERS

### **COVER LETTER**

Division of Corporations		
SUBJECT: JARE INVESTMENTS 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:		
KENEE KIPP		
(Name of Person)		
(Firm/Company)		
<b>1</b>		
P.D. BOX 961D (Address)		
Longboat Key, F2 34228 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Penee Kipp at (813) 690-4313 (Area Code & Daytime Telephone Number)		
(tata code a Bayanie Pelephone Namoer)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution  \$\sigma\$ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)		

#### **MAILING ADDRESS:**

TO:

Registration Section

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

**FILING FEE: \$25.00**