

LO9 000021309

(Requestor's Name)

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(City/State/Zip/Phone #)

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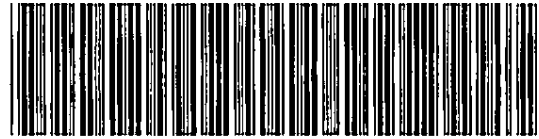
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2022 MAR -4 AM 10:56

C. BRUMBLEY  
MAR 15 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jack M. Skelding, Jr., P.L.

\_\_\_\_\_  
(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:

Kim S. Skelding

\_\_\_\_\_  
(Name of Person)

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

1556 Cristobal Drive

\_\_\_\_\_  
(Address)

Tallahassee, FL 32303

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim S. Skelding

\_\_\_\_\_  
(Name of Person)

850-

766-0338 Cell

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Jack M. Skelding Jr., P.L.

2. The Articles of Organization were filed on March 4, 2009 and assigned

document number L09000021309

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 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).

Jack M. Skelding is deceased.

Jack M. Skelding is deceased.

Jack M. Skelding is deceased.

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

Kim S. Skelding

1556 Cristobal Drive

Tallahassee, FL 32303

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:

Kim S Skelding  
Signature

Kim S Skelding  
Printed Name

**FILING FEE: \$25.00**

2022 MAR -4 AM 10:56

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