

LO9 000050474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 MAY -5 PM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 12 2014

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LO9-50474

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM Super Subs of Tampa, 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:

Todd Quinzi

(Name of Person)

(Firm/Company)

PO Box 46127

(Address)

Tampa, FL 33646

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Quinzi

(Name of Person)

at (813) 918-2775
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

JM Super Subs of Tampa, LLC

2. The Articles of Organization were filed on May 26, 2009 and assigned

document number L0900005474

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)

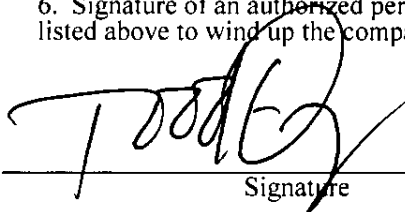
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The assets of the Limited Liability Company were sold in October, 2013 and no

further business is to occur.

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

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

Todd L. Quinzi

Printed Name

FILING FEE: \$25.00

2014 MAY 25 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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