(Re	equestor's Name)				
(Ac	dress)	<del></del>			
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

# The Jacksonville Yard, 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:

Jerrod A. Payne
(Name of Person)
The Jacksonville Yard, LLC
(Firm/Company)
1138 Arbor Circle
. (Address)
Orange Park-FL 32073
(City/State and Zip Code)

For further information concerning this matter, please call:

Jerrod A. Payne

,,904

214-5667

(Name of Person)

(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

		ARTICLES OF DISSOLUTION	N A	1
		A LIMITED LIABILITY COMPA	ANY 2016 Apr	٠ ٤
	The name of a limited liabi	ility company is	ANY  ZOI6 APR  TALLAHASSE  and assigned	8
•	The Jacksonville Yard, LLC	inty company is	ALLAHASA	ra
				E.
	The Articles of Organization	on were filed on June 4, 2009	and assigned	
	document number L090000	054688		
	Note: If the date inserted in	the dissolution if not effective on the date re date cannot be prior to or more than 90 days later this block does not meet the applicable statute ective date on the Department of State's record	ory filing requirements, this date will not	be
	505.0707, Florida Statutes,	te that resulted in the limited liability com (copy 605.0707 on back cover letter).  ted to the decision to close the business. The p		n
	been diagnosed with a chronic	c autoimmune disease that will affect my qual	ity of life indefinitely. In addition,	
		ise and profit loss has seriously contributed to	this decision	
	increased loss of customer ba	se and profit loss has seriously contributed to	tins decision.	
	If there are no members, er	nter the name and address of the person ap	opointed to wind up the company's	
	activities and affairs:			
		Jerrod A. Payne		
		1138 Arbor Circle		
		Orange Park-FL, 32073		
ó. is	Signature of an authorized above to wind up the co	person or if there are no members, the signmany's activities and affairs:	gnature of the person appointed and	
(	1 Assa	Jen	od A. Payne	
_	Signature		Printed Name	

FILING FEE: \$25.00

Signature

Addendum to Certificate of Dissolution for:

Entity: The Jacksonville Yard LLC

Document number: L09000054688

FIN/EIN: 27-0282716



 All current and past debts have been dissolved in accordance with the Florida DOS Division of Corporations

- All property assets have been dissolved and distributed accordingly. The tangible assets were
  absorbed by landlord in exchange for an early release from lease commitment. No assets remain
  as the entity was a service based entity and there is nothing tangible to distribute.
- There are no current lawsuits pending.

Jerrod A. Payne

Printed Name of Party Responsible for Dissolution

Signature

## Notice of Limited Liability Company Dissolution

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### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of SEE SIA unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: I ne Jacksonville Yard, LLC
Document number of Limited Liability Company is: L0900054688
Date of dissolution was: April 1, 2016
Description of information that must be included in a written claim:
A claim must include the nature of the claim as well as evidence that the claim is
valid. As of the time of this dissolution, all debts have been settled and dissolved.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1138 Arbor Circle
Orange Park-FL, 32073
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing