

LC9000108941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

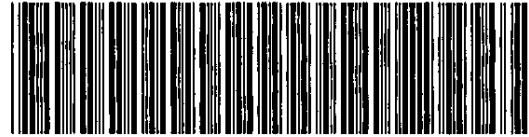
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 06 2014

6,500

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jmz Group 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:

John A Maze
(Name of Person)

Jmz Group LLC
(Firm/Company)

Po Box 2047
(Address)

Minneola FL 34755
(City/State and Zip Code)

For further information concerning this matter, please call:

John Maze at (352) 408-2919
(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

CN 6791

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CLERK OF STATE
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is

JME Group LLC

2. The Articles of Organization were filed on 11/16/2009 and assigned

document number LO900018941

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).

No longer financially viable

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

John Maze
Po Box 2047
Minneola FL 34755

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

John A MAZE III
Printed Name

FILING FEE: \$25.00

2014 NOV -5 PM 1:14
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED