109000110586

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	isiness Entity Nan	ne)		
(Document Number)				
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FEB 11 2019 S. YOUNG

• COVER LETTER

TO:		ration Section on of Corporations				
CUDI	JM VACATION, LLC					
2019	(Name of Limited Liability Company)					
		rticles of Dissolution and fee(s) are submitt				
		KEVIN REDLING				
	(Name of Person)					
	HARDING BELL INTERNATIONAL, INC					
	(Firm/Company)					
	113 PONTOTOC PLAZA					
		(ddress)			
	AUBURNDALE, FL 33823					
		(City/Sta	and Zip Code)			
For fu	rther info	rmation concerning this matter, please call:				
	KEV	'IN REDLING	863	, 968-1010		
		(Name of Person)	(Are	ca Code & Daytime Telephone Number)		
Enclos	ed is a che	ck for the following amount:				
	\$25.00	Filing Fee and Certificate of Dissolution		Filing Fee, Certificate of Dissolution & ed Copy (additional copy is enclosed)		
		MAILING ADDRESS: Registration Section		FREET/COURIER ADDRESS: egistration Section		
		Division of Corporations P.O. Box 6327	D	ivision of Corporations		
		Tallahassee, FL 32314	20	lifton Building 661 Executive Center Circle allahassee, FL 32301		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	!	
JM VACATION, LLC	<u> </u>	
2. The Articles of Organization were filed on $\frac{N}{r}$	OVEMBER 17TH, 2009 and assigned	
document number L09000110586		
	to or more than 90 thiys later than date document is received for filling) meet the applicable statutory filing requirements, this date will not b	be
605.0707, Florida Statutes, (copy 605.0707 or		1
PURSUANT TO FLORIDA STATUTE 605.0701	(2), ALL MEMBERS CONSENT TO THE DISSOLUTION	
OF THE ENTITY.		
	: =	
5. If there are no members, enter the name and a	address of the person appointed to wind up the company's	
activities and affairs:	1	
		二. 골
		S. 6.
		20 O
6. Signature of an authorized person or if there illsted above to wind up the company's activities	are no members, the signature of the person appointed and and affairs:	
1000	MICHAELIENSEN	
Signature	Printed Name	
	LINC PPP, ear on	

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of 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:	CATION, LLC
Document number of Limited Liability Company is:	L09000110588
Date of dissolution was:	; 1
Description of information that must be included in a writt	en claim:
A detailed explanation of the claim including all facts and circums	tances relating to said claim as well as any evidence
providing for the validity of the claim. Additionally, it must be sta	ted if the claim is admitted or not admitted, in whole
or in part, and the relative amounts associated with such as	ssertions,
Mailing address where claims can be sent: (Claims cannot	be sent to the Division of Corporations)
TJOERNEVANG 23	
SORO, DENMARK 4180	
	Y'
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this r	will be barred unless a proceeding to enforce the notice.
MICHAEL JENSEN —	- Mar
. Printed Name of the Person Filling	Signature of the Person Filling

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