48 1000000 1748

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

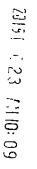
Office Use Only



400338293144

12/23/19--01029--012 **25.00

R. WHITE





COVER LETTER

TO: Registration Section Division of Corporations	•		
Jemerika, LLC SUBJECT:			
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submit Please return all correspondence concerning this matter to	_		
K. Lawrence Gragg			
(Name of Person)			
(Fir	m/Company)		
11015 Girasol avenue			
(Address) Coral Gables, FL 33156			
<u> </u>	ate and Zip Code)		
For further information concerning this matter, please call	l:		
K. Lawrence Gragg	305 613-9235 at ()		
(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	Street Address: Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is Jemerika, LLC	2019 DEC 23 / M 10: 09
2. The Articles of Organization were filed on $\frac{1/6}{2}$	5/2010 and assigned
document number L10000001748	
3. The delayed effective date the dissolution if no	ot effective on the date of filing: 12/31 2019
(effective date cannot be prior to	to or more than 90 days later than date document is received for filing) neet the applicable statutory filing requirements, this date will not
A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on	e limited liability company's dissolution pursuant to section back cover letter).
Business dissolved	
Business dissolved 5. If there are no members, enter the name and ac	ddress of the person appointed to wind up the company's
activities and affairs:	
 Signature of an authorized person or if there are bove to wind up the company's activities and aff 	re no members, the signature of the person appointed and listairs:
Language Gran	K. Lawrence Gragg
Signature	Printed Name

FILING FEE: \$25.00

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:	
Document number of Limited Liability Company is:	11748
Date of dissolution was:	
Description of information that must be included in a written of	claim:
Amount and the event giving risr to the claim.	
.	
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)
11015 Girasol Avenue	
Coral Gables, FL 33156	
A claim against the above named limited liability company wi claim is commenced within 4 years after the filing of this notice.	
	11.0 4
K. Lawrence Gragg	1. Janean Hear
Printed Name of the Person Filing	Signature of the Person Filing

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