Division of Corporations Electronic Filing Cover Sheet

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To:

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: (850)617~6383

EFFECTIVE DATE

From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

(CLEARWATER)

Account Number : 071005001001

Phone

(727)441-8966

Fax Number

(727) 442-8470

LLC DISSOLUTION OR WITHDRAWAL

JASPER RENTALS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: JASPER RENTALS, 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 PIAZZA

(Name of Person)

c/o JOSHUA MAGIDSON

(Firm/Company)

625 COURT STREET, SUITE 200

(Address)

CLEARWATER, FL 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSHUA MAGIDSON

.,727

441-8966

(Name of Person)

(Arra 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 5-31-15 FOR A LIMITED LIABILITY COMPANY

JASPER RENTALS, LLC	y company is			00
2. The Articles of Organization	were filed on MAY	11, 2010	and assigned	
document number L10000050	9480		·	•
 The delayed effective date the (effective date). Note: If the date inserted in the listed as the document's effection. 	la block does not meet	the applicable statutory	r filing requirements, this dat	o 15 r filing) e will not
4. A description of occurrence to 605.0707, Florida Statutes, (c	hat resulted in the li- opy 605,0707 on bac	nited liability compa k cover letter),	my's dissolution pursuant	to sectio
VOLUNTARY DISMISSAL				
		<u>. </u>		
5. If there are no members, enter activities and affairs:	r the name and addre	ess of the person app	ointed to wind up the com	pany's
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
 Signature of an authorized pelisted above to wind up the comp 	rson or if there are a pany's activities and	o members, the signa affairs:	ature of the person appoin	ted and
$\sim 10^{\circ}$	20			
August	MA _	JOSHUA MAGII	= =	
Signature			Printed Name	
	U FILING	FEE: \$25.00		