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(Re	equestor's Name)					
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Certified Copies Certificates of Status						
Special Instructions to	Filler Officer					
Special instructions to	Filing Officer;					
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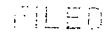
08/20/24--01005--005 **25.00

2024 AUS 19 PM 4: 06

COVER LETTER

TO: Registration Section Division of Corporations				
JM GROUP FT LAUDERDALE, LLC SUBJECT:				
	ted Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submit Please return all correspondence concerning this matter to	-			
David M. Scully				
(Na	me of Person)			
Loving Scully Law Group PLLC				
(Firm/Company)				
888 S. Andrews Avenue, Suite 302	888 S. Andrews Avenue, Suite 302			
	(Address)			
ort Lauderdale, FL 33316				
(City/St	ate and Zip Code)			
For further information concerning this matter, please call	<u>:</u>			
David M. Scully	954 764-1005 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:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2024 AUG 19 PM 4: 06

1.	The name of a limited liabil	ity company is			
	JM GROUP FT LAUDERDA	LE, LLC			
				TALLAHASSEE, FLURIDA	
2.	The Articles of Organization	n were filed on $\frac{06/28/20}{}$	· · · · · · · · · · · · · · · · · · ·	and assigned	
	document number L1100007	75049	<u> </u>		
3.	The delayed effective date to (effective Note: If the date inserted in the listed as the document's effective date in the listed as the document's effective date in the listed as the document's effective date to the listed as	his block does not meet th	ie applicable statutory fi	iling: 8 15 2024 date document is received for filing) ling requirements, this date will not be	
4.	A description of occurrence 605.0707, Florida Statutes. (that resulted in the lim copy 605.0707 on back	ited liability company cover letter).	's dissolution pursuant to section	
	Death of sole owner/member/manager.				
		<u> </u>			
	·				
5.	If there are no members, en	er the name and addres	s of the person appoir	nted to wind up the company's	
	activities and affairs:	David M. Scully, Personal Representative of the Estate of Joseph McElroy			
		888 S. Andrews Avenue, Suite 302			
		Fort Lauderdale, FL 33316			
6. ah	Signature of an authorized pove to wind up the company	person or if there are no s activities and affairs:	members, the signatu	re of the person appointed and listed	
/	1/01/1	n			
1/	Will March		David M. Scully		
	Signature	 -	Pr	inted 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:
Date of dissolution was:
Description of information that must be included in a written claim:
Claimant Details: Full legal name and contact information of the individual or entity making the claim.
Nature of Claim: Detailed description of the nature of the debt or obligation owed, including the basis for the claim
(e.g., contract, tort, etc.). Amount Claimed: Precise amount of money being claimed, including any interest or
accrued charges. Supporting Documentation: References to relevant contracts, invoices, or other evidence
supporting the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) David M. Scully, Personal Representative of the Estate of Joseph McElroy 888 S. Andrews Avenue, Suite 302 Fort Lauderdale, FL 33316 PH 4: 07
Fort Lauderdale. FL 33316
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. David M. Scully
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