# L11000133815

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

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2014

Jean M. Markese JC Billing LLC 2230 Jackson St. #10W Hollywood, FL 33020

SUBJECT: JC BILLING, LLC Ref. Number: L11000133815

We have received your document for JC BILLING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a limited liability and the document submitted is for a corporation. I have enclosed the correct form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 614A00009830

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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: TC BILLING LLC (Name of Limited Liability Company)  |  |  |  |  |  |
| (Name of Limited Liaonity Company)   |  |  |  |  |  |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |
| JERN MARKESE (Name of Person)  |  |  |  |  |  |
| JC BILLING LLC (Firm/Company)  |  |  |  |  |  |
| 2230 JACKSON 5+ # 10W  |  |  |  |  |  |
| HOLLY WOOD, FL 33020 (City/State and Zip Code)   |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
|  |  |  |  |  |  |
| TEAN MARKESE at (305) 949-0934 (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/COURIER ADDRESS:   |  |  |  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

|  |                                  |   | 2914 APR 28                     | bH 7: 18               |
|--|----------------------------------|---|---------------------------------|------------------------|
| 1. The name of a limited liability company is  | Jc                               | BILLIA                                  | <u>) 6 1 2 2 </u>               | Z ROBIDA               |
| 2. The Articles of Organization were filed on _  | ] [-[                            | 2-201                                   | M-11                            |                        |
| document number <u>L110001335</u>  | 815                              |   |                                 |                        |
| 3. The delayed effective date the dissolution if (effective date cannot be prior                 | not effective<br>to or more that | e on the date o<br>in 90 days later tha | f filing:<br>nn date document i | s received for filing) |
| 4. A description of occurrence that resulted in t 605.0707, Florida Statutes, (copy 605.0707 o   | the limited I<br>on back cove    | iability compar<br>r letter).           | ny's dissolution                | pursuant to section    |
| I JEAN M MARKESE !   | AS 51                            | Dre We                                  | mber c                          | if Jc                  |
| BILLING, LLC HAS D.  | ECIDER                           | OT C                                    | CLOSE -                         | MIS                    |
| comlany.   |                                  |   |                                 |                        |
|  | <u>-</u>                         |   |                                 | -111111                |
| 5. If there are no members, enter the name and activities and affairs:                           | _                                | he person appo                          |                                 | ip the company's       |
| 2230   | SACKS                            | 00 5                                    | 1. # 11                         | W                      |
| HOLLY  | COBW                             | FZ:                                     | 33020                           | <del> </del>           |
| 6. Signature of an authorized person or if there listed above to wind up the company's activitie | are no men<br>s and affairs      | nbers, the signa                        | ture of the pers                | on appointed and       |
| Jean M. Markese<br>Signature   |                                  | JEAN                                    | M M                             | ARKESE                 |

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: JC BUUNG LLC   |
|---|
| Document number of Limited Liability Company is: 4 11000133815                                    |
| Date of dissolution was: $4-25-2014$  |
| Description of information that must be included in a written claim:                              |
| Description of information that must be included in a written claim.                              |
| I JEAN MMARKESE AS SOLE MEMBER OF   |
| JE BILLING, LLC HAS DECIDED TO CLOSE  |
| THIS company.   |
|   |
|   |
|   |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
|   |
| 2230 JACKSON ST #10W  |
| HOLLYWOOLFE 3302D   |
|   |
|   |
|   |

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

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.