

L12000008144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

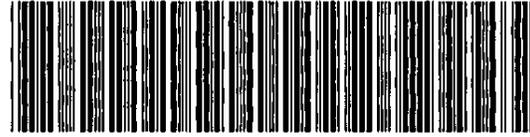
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/14--01006--016 **25.00

RECEIVED
16 MAY 29 PM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JKS Designs, 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:

Kimberly D. Summers

(Name of Person)

(Firm/Company)

812 Whispering Wind Court

(Address)

Port Orange, FL 32128

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly D. Summers

(Name of Person)

at (386) 527-9310

(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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

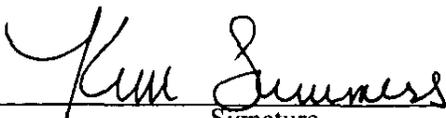
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
JKS Designs, LLC
2. The Articles of Organization were filed on 1/18/2012 and assigned
document number L12000008144
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
LLC is no longer needed.
- _____
- _____
- _____

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____
- _____
- _____
- _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

Kimberly D. Summers
Printed Name

RECEIVED
TALLAHASSEE, FLORIDA
4 MAY 2012
AM 10:12
FILED

FILING FEE: \$25.00