

COVER LETTER

TO: Registration Section
Division of Corporations
.. JAMIE DELGARDO LLC

SUBJECT: _____
(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:

JAMIE DELGARDO

(Name of Person)

(Firm/Company)

PO BOX 88234

(Address)

TUKWILA, WA 98138

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMIE DELGARDO

253

380-6117

(Name of Person)

at (_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 02 30 AM 9:54

1. The name of a limited liability company is
JAMIE DELGARDO LLC

2. The Articles of Organization were filed on 02/15/2012 and assigned
document number L12000022521

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2020
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
No longer located in Florida.

No longer located in Florida.

No longer located in Florida.

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

JAMIE DELGARDO

PO BOX 88234, TUKWILA, WA 98138

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

JAMIE DELGARDO

Printed Name

FILING FEE: \$25.00