1200058394

(R	equestor's Name)	<u> </u>
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
		:
<u> </u>		

Office Use Only



900282228509

02/25/16--01020--010 **25.00



BRECT FR 33 Aug

TO: Registration Section Division of Corporations	`mg,
Division of Corporations	*
SUBJECT: IVII/e LENDING	Co., LLC
(Name of Lighted	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	e following:
H. Rein Sides	of Person)
Juille Lending	Company)
9464 PRESTA	DW TZA: L ddress)
Porte VeDIA (City/State	3496 FL. 32082 and Zip Code)
For further information concerning this matter, please call:	
A. Reid Sides, St.	at (904) 571-7249 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	2018 TALL,
E3 \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	26 E
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Juille Leniping Co., LLC.
2.	The Articles of Organization were filed on $\frac{6/1/2D/2}{}$ and assigned
	document number $L/\lambda 000058394$
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) 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).
	The Company is NO LONGER TRANSACTING BUSINESS
	,
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: H. Rein Sides, Je.
	9464 PRESTON TRAIL
	Ponte Vedra Brach
	FLOR: DA 32082
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
/	Rew Signature A. Reid Sides, Je. Signature Printed Name

FILING FEE: \$25.00