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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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NI O'SUTLER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: JHPHOTOGRAPHY, 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:



(Name of Person)

(Firm/Company)

1060 WHISTLING WINDS PT

(Address)

OVIEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER HELTON

_,321

765-4050

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

330.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ρ \$60.00 Filing Fee, Certificate of Status & 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

and assigned document number and assigned document number dility company's dissolution pursuant to section er). ess, and I have health issues that prevent the decision to cease operations of
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the decision to cease operations of
liability company have been paid or discharged. bligations and liabilities pursuant to s. 608.4421. long its members in accordance with their respective
any court.
tion of any judgment, order or decree which may be
ership interests necessary to approve the dissolution:
Printed Name
Jennifer Helton
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FILING FEE: \$25.00