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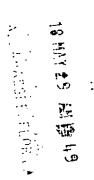
(Requestor's Na	ıme)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAI	T MAIL		
(Business Entity	y Name)		
(Document Number)			
Certified Copies Certifi	cates of Status		
Special Instructions to Filing Officer:			
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J J EGGETT MAY 3 0 2018

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: JJ Bulldags LLC	2	
(Name of Limite	d Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to the	he following:	
Harold Kna	e of Person)	
Ų-said		
(Firm	/Company)	
321 Greens V	lew Dr	
Algonquin (City/State	T_L 60/02 e and Zip Code)	
For further information concerning this matter, please call:		
Harold Knautz (Name of Person)	at (847) 658-2096 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	☐ \$55.00 Filing Fee, Certificate of Dissolution &	
\$25.00 Filing Fee and Certificate of Dissolution	Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is		
	JJ Bulldags, LLC		
2.	The Articles of Organization were filed on $1/2/2013$ and assigned		
	document number <u>L 1300000672</u>		
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. If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	red for fi s date w	ling) vill not be
4.	A description of occurrence that resulted in the limited liability company's dissolution purs 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).		section
	Store went out of husiness on 3/13/20	18_	
			<u>_</u>
5.	If there are no members, enter the name and address of the person appointed to wind up the activities and affairs: Havold Knautz	compa	uny¦s ●≎
	321 Greens View Dr	7.	
	Alamanin IL 60102	741	2 :
	Algonquin, IL 60102	:::: :::::::::::::::::::::::::::::::::	12)
			_ 5
6 li	. Signature of an authorized person or if there are no members, the signature of the person apsted above to wind up the company's activities and affairs:	pointe	d and
	Harold Know Harold Know	<u>u</u> t	<u>Z</u>

FILING FEE: \$25.00