L13000031305

(Dawnshada Alama)	
(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



600338293126

12/23/19 -01029--014 ++25.00

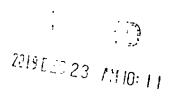
R. WHITE



COVER LETTER

TO:	Registration Section Division of Corporations	•				
SUBJ	JEM/AM, LLC ECT:					
(Name of Limited Liability Company)						
The er	nclosed Articles of Dissolution and fee(s) are submit	tted for filing.				
Please	return all correspondence concerning this matter to	the following:				
	K. Lawrence Gragg					
	(Nau	me of Person)				
	(Fir	m/Company)				
	11015 Girasol Aveenue					
		(Address)				
	Coral Gables, FL 33156					
	(City/Sta	ate and Zip Code)				
For fu	rther information concerning this matter, please call	l:				
	K. Lawrence Gragg	305 613-9235				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed 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:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	randiassee, r. E. 32314	Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



ì.	The name of a limited liability company is JEM/AM, LLC	
2.	2. The Articles of Organization were filed on 4/19/2013	and assigned
	document number L13000031305	
3.	3. The delayed effective date the dissolution if not effective on the (effective date cannot be prior to or more than 90 days Note: If the date inserted in this block does not meet the applicable stillisted as the document's effective date on the Department of State's re-	tatutory filing requirements, this date will not be
4.	 A description of occurrence that resulted in the limited liability 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). 	company's dissolution pursuant to section
	Dissolved business	
	Dissolved business Dissolved business	
5.	If there are no members, enter the name and address of the personactivities and affairs:	on appointed to wind up the company's
6. ab	6. Signature of an authorized person or if there are no members, the above to wind up the company's activities and affairs:	e signature of the person appointed and listed
	L. Lauren Hage K. Lawren	
	- Signature of	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:
Document number of Limited Liability Company is: L13000031305
Date of dissolution was:
Description of information that must be included in a written claim:
Amount and event giving rise to the claim
Amount and the event giving rise to the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
11015 Girasol Avenue
Coral Gables, FL 33156
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
K. Lawrence Gragg
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00