

L13000032985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

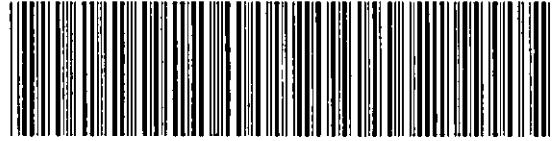
Copies _____

Certificates of Status _____

Instructions to Filing Officer:

J. HORNE
MAR - 6 2023

Office Use Only



500403627955

2023 MAR -3 AM 11:07
SECRETARY
TALLAHASSEE, FL

03/03/23--01001--019 **25.00

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FILE
DIVISION
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
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236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: 3/3 Glinda

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC DISSOLUTION

1. **108 Jefferson, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1018 JEFFERSON, 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:

Diana Delecaris

(Name of Person)

Greensfelder Hemker & Gale, P.C.

(Firm/Company)

10 S. Broadway, Suite 2000

(Address)

Saint Louis, MO 63102

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Delecaris

(Name of Person)

314

516-2679

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

FILED
2023 MAR -3 AM 11:07
SECRETARY OF
TALLAHASSEE, FL

1. The name of a limited liability company is
1018 JEFFERSON, LLC

2. The Articles of Organization were filed on March 4, 2013 and assigned
document number L13000032985

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).
All business completed, consent to dissolve by the Member.

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

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:

Thomas E. Hill
Signature

Thomas E. Hill
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: 1018 JEFFERSON, LLC

Document number of Limited Liability Company is: L13000032985

Date of dissolution was: _____

Description of information that must be included in a written claim:

The name and address of the claimant _____

The amount claimed _____

The basis for the claim _____

The date on which the event on which the claim is based occurred _____

Any documentation in support _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Greensfelder, Hemker & Gale, P.C., Attn: Jay Nathanson


10 S Broadway, Suite 2000

St. Louis, MO 63102

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.

Thomas E. Hill

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