

213 0000 44551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

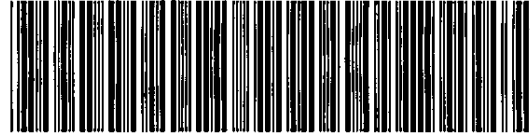
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/14--01004--022 **25.00

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14 MAY 21 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF J HARRIS GROUP LLC.

DOCUMENT NUMBER: L13000044551

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAYNE HARRIS OR JAMES HARRIS
(Name of Contact Person)

J HARRIS GROUP LLC
(Firm/Company)

61 FOLCROFT LANE
(Address)

PALM COAST, FL 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES HARRIS at (386) 569-7531
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
J HARRIS GROUP
2. The Articles of Organization were filed on 3/26/13 and assigned
document number L13000044551
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)
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).
LACK OF WORK.

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:


Signature

JAYNE HARRIS
Printed Name

FILING FEE: \$25.00

FILED
14 MAY 21 AM 9:20
TALLAHASSEE FLORIDA