113000074191

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| , | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
AND ANSSEE, FLORIO

P. Burch SEP 1020

COVER LETTER

| | ration Section on of Corporations | | | | |
|-------------------------------------|--|--------------------|---|--|--|
| SUBJECT: | JMEZA INVESTMENT GROUP LLC | | | | |
| (Name of Limited Liability Company) | | | | | |
| | rticles of Dissolution and fee(s) are submitte | • | | | |
| Please return all | correspondence concerning this matter to t | he following: | | | |
| | JULIETH CARRASCAL | | | | |
| (Name of Person) | | | | | |
| SERVIMAX SERVICES, LLC | | | | | |
| (Firm/Company) | | | | | |
| 5911 NW 173 DRIVE #8 | | | | | |
| (Address) | | | | | |
| MIAMI, FL 33015 | | | | | |
| (City/State and Zip Code) | | | | | |
| For further info | rmation concerning this matter, please call: | | | | |
| MES | A, SHIRLEY, SR | 786 μι (| 348-1473 | | |
| | (Name of Person) (Area Code & Daytime Telephone Number | | ode & Daytime Telephone Number) | | |
| Enclosed is a che- | ck for the following amount: | | | | |
| \$25. 00 | Filing Fee and Certificate of Dissolution | | g Fee, Certificate of Dissolution & opp (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



August 11, 2014

JULIETH CARRASCAL 5911 NW 173 DRIVE #8 MIAMI, FL 33015

SUBJECT: JMEZA INVESTMENT GROUP LLC

Ref. Number: L13000074191

We have received your document for JMEZA INVESTMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 614A00017142

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| | - I Signathra 1 | Printed Name |
|------------|--|--|
| (| July Maga- | MESA SHIRLEY |
| 5. list | Signature of an authorized person or if the ted above to wind up the company's active | nere are no members, the signature of the person appointed and vities and affairs: |
| | | |
| | | |
| | activities and affairs: | AGISTA AGISTA |
| 5 . | If there are no members, enter the name a | and address of the person appointed to wind up the company's |
| • | | TARY IASSE |
| • | | SECRE AH |
| • | | Pro - |
| i . | A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.070 CLOSED | I in the limited liability company's dissolution pursuant to section 07 on back cover letter). |
| | | prior to or more than 90 days later than date document is received for filing) |
| | document number L13000074191 | |
| 2. | The Articles of Organization were filed of | on FLORIDA and assigned |
| | | EI OBIDA |
| | The name of a limited liability company JMEZA INVESTMENT GROUP, L | |

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: JMEZA INVESTMENT GROUP, LLC | |
|---|--|
| Document number of Limited Liability Company is: L13000074191 | |
| Date of dissolution was: | |
| Description of information that must be included in a written claim: | 14 SEP -9 PM SECRETARY OF TALLAHASSEE, F |
| | PH 4:45 OF STATE E. FLORIDA |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of | Corporations) |
| | |
| A claim against the above named limited liability company will be barred unless a proclaim is commenced within 4 years after the filing of this notice. | roceeding to enforce the |
| MESA SHIRLEY | Maa- |

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

Signature of the Person Filing

Printed Name of the Person Piling