

470000 77428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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15 APR 23 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. STARRS APR 30 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAM Motors CAR CARE 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:

Ron Wilson

\_\_\_\_\_  
(Name of Person)

JAM MOTORS CAR CARE LLC

\_\_\_\_\_  
(Firm/Company)

1760 SW BILTMORE ST

\_\_\_\_\_  
(Address)

PORT SAINT LUCIE, FL 34984-3418

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Wilson

\_\_\_\_\_  
(Name of Person)

561

294-3986

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/COURIER ADDRESS:**

Registration 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  
JAM MOTORS CAR CARE LLC
2. The Articles of Organization were filed on 05/29/2013 and assigned  
document number L13000077428
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)  
The above named LLC is no longer actively pursuing business and an S corporation  
will be formed for that purpose.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Ron O Wilson  
3873 SW Koba Street  
Port Saint Lucie, FL 34953
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

Ron O Wilson

Printed Name

**FILING FEE: \$25.00**

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