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(Requ	estor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
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2016 JAN 19 P 3: 3b



COVER LETTER

Division of Corporations				
SUBJECT: Christina JACK, 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:				
Thomas Nester				
(Name of Person)				
(Firm/Company)				
10656 Chartland St				
(Address)				
Lolos to Martland St (Address) Ht Myers 7L 33966 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
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(Name of Person) (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)				
<i>≱</i> ′ <i>σ</i>				

MAILING ADDRESS:

TO:

Registration Section

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 Christma TACK,	UC
2. The Articles of Organization were filed on $9 - 11$	9-2013 and assigned
document number <u>L /3000 / / / 7 / / </u>	
3. The delayed effective date the dissolution if not effective date cannot be prior to or more to Note: If the date inserted in this block does not meet the applicated as the document's effective date on the Department of	plicable statutory filing requirements, this date will not b
4. A description of occurrence that resulted in the limited 605.0707, Florida Statutes, (copy 605.0707 on back co	liability company's dissolution pursuant to section ver letter).
	ó.
5. If there are no members, enter the name and address of	the person appointed to wind up the company's
activities and affairs: <u>Homas</u>	uskr 32 3
Lele Ste Chan	Hand St H
71 Myers	7L 33966
239 - 8985	
6. Signature of an authorized person or if there are no me listed above to wind up the company's activities and affair	mbers, the signature of the person appointed and rs:
Signature	Thomas Hester Printed Name

FILING FEE: \$25.00