

L13000121468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

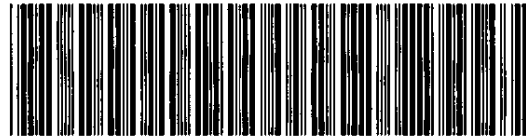
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN -5 2013
A. LUNT

Office Use Only



300260532043

05/27/14--01025--014 **25.00

FILED
MAY 27 2014
FILING OFFICE

2014 MAY 27 PM 3:12

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIM TILE & MARBLE 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:

DAVID PENA

(Name of Person)

JIM TILE & MARBLE LLC

(Firm/Company)

3414 WHITTER ST

(Address)

TAMPA, FL 33619

(City/State and Zip Code)

2014 MAY 27 PM 3:12
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

DAVID PENA

(Name of Person)

813

at ()

2355499

(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

JIM TILE & MARBLE LLC

2. The Articles of Organization were filed on 08/27/2013 and assigned

document number L13000121468

3. The delayed effective date the dissolution if not effective on the date of filing: 05/20/2014
(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).

VOLUNTARY DISSOLUTION

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:

David Pena
Signature

DAVID PENA
Printed Name

FILING FEE: \$25.00

