

L14 00000 1437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

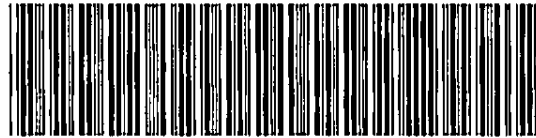
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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T GLASS

JUN 19 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2019

CINDY SHENK  
1050 SATCOM LANE  
MELBOURNE, FL 32940

SUBJECT: JENSEN NORTH, LLC  
Ref. Number: L14000001437

We have received your document for JENSEN NORTH, 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 attached form must be completed in order to file the document.

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 819A00009860

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AND  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Jensen North, LLC

**SUBJECT:** \_\_\_\_\_  
L14000001437

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Cindy Shenk

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

Jensen North, LLC

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

1050 Satcom Lane

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

Melbourne, FL 32940

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

For further information concerning this matter, please call:

Cindy Shenk

321

432-2401

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$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

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AND  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Jensen North 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:

Cindy Shank  
(Name of Person)  
Jensen North LLC  
(Firm/Company)  
1050 Satcom Lane  
(Address)  
Melbourne, FL 32940  
(City/State and Zip Code)

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AND  
FILED

For further information concerning this matter, please call:

Cindy Shank at ( 321 ) 432-2401  
(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)

### 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

Jensen North LLC

2. The Articles of Organization were filed on Jan. 3, 2014 and assigned

document number L14000001437

3. The delayed effective date the dissolution if not effective on the date of filing: April 29, 2019  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

company no longer in business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Cindy Sherk  
1050 Satcom Ave  
Melbourne, FL 32940

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:

Cindy Sherk  
Signature

CINDY SHERK  
Printed Name

**FILING FEE: \$25.00**

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AND  
FILED

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