

LI 4000015530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 07 2014  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JORGENSEN FAMILY FARM, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENS L. JORGENSEN

(Name of Person)

(Firm/Company)

6551 SAINT IVES CT

(Address)

FORT MYERS, FL 33966

(City/State and Zip Code)

For further information concerning this matter, please call:

JENS JORGENSEN

(Name of Person)

239

561-6678

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

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is JORGENSEN FAMILY FARM LLC
2. The Articles of Organization were filed on JANUARY 29, 2014 and assigned document number L 14000015530
3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 1, 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 TERMINATION
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: JENS L. JORGENSEN, 6551 SAINT IVES CT, FORT MYERS
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:

*Jens L. Jorgensen*  
Signature

JENS L. JORGENSEN  
Printed Name

**FILING FEE: \$25.00**

2014 APR-4 PM 3:19

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## 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: JORGENSEN FAMILY FARM LLC

Document number of Limited Liability Company is: L 14000015530

Date of dissolution was: APRIL 1, 2014

Description of information that must be included in a written claim:

THERE WAS NO BUSINESS TRANSACTED IN THE NAME OF LLC. NO CREDITORS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6551 SAINT IVES CT., FORT MYERS, FL 33966

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JENS L. JORGENSEN

Printed Name of the Person Filing

Jens L. Jorgensen

Signature of the Person Filing

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

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TALLAHASSEE FLORIDA