

L14000022514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

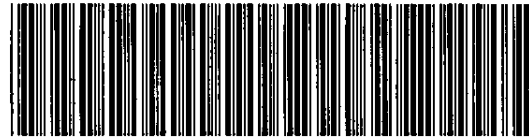
(Business Entity Name)

(Document Number)

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

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2014 NOV - 5 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan NOV - 5 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JS EQUINE SUPPLEMENTS 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:

JERRY B. GLANTZ  
(Name of Person)

JS EQUINE SUPPLEMENTS LLC  
(Firm/Company)

16060 LOCH KATRINE TRAIL #7703  
(Address)

DELRAY BEACH, FL 33446  
(City/State and Zip Code)

For further information concerning this matter, please call:

JERRY B. GLANTZ      561 , 252-3490  
(Name of Person)      (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$5.00 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  
LIMITED LIABILITY COMPANY

FILED

2014 NOV -5 AM 10: 46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

JS EQUINE SUPPLEMENTS LLC

2. The Articles of Organization were filed on 2/10/14 and assigned

document number L14000022514


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).

COMPANY CLOSING DUE TO PARTNERSHIP BREAKUP

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:



Signature

JERRY B. GLANTZ

Printed Name

FILING FEE: \$25.00