14000022780

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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JAN 06 2017

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Holly Jackson 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:

A. Peri Kiros

(Name of Person)

(Firm/Company)

841 Wickham Lakes Drive

(Address)

Melbourne, FL. 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

A. Peri Kiros

(Name of Person)

.,321

432-1993

Du dima Talanhana Numi

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)

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

FILED

T I I I I I

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab Holly Jackson LLC	ility company is		
2. The Articles of Organizati	on were filed on February I	0, 2014	_ and assigned
document number L14000)22780	-	
Note: If the date inserted in	e date cannot be prior to or more	than 90 days later than date applicable statutory filing r	February 1, 2017 document is received for filing) requirements, this date will not be
l. A description of occurrence 605.0707, Florida Statutes,	te that resulted in the limite (copy 605,0707 on back co	d liability company's di	ssolution pursuant to section
	Holly Lane, Melbourne, FL. 3	,	r 30, 2016.
5. If there are no members, e			to wind up the company'
activities and affairs:	A. Peri Kiros - Managing	member	<u> </u>
	841 Wickham Lakes Driv	e, Melbourne, FL. 32940	V2S24 17:34 17:44
	Direct # (321) 432-1993		
			10 10 10 10 10 10 10 10 10 10 10 10 10 1
Signature of an authorized isted above to wind up the co	person or if there are no mompany's activities and affa	irs:	
Signature		A. PERI KIROS Printed Name	

FILING FEE: \$25.00