Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SMALL BUSINESS RESOURCES USA, INC.

Account Number : I20040000173

Phone

: (407)298-4646

Fax Number

: (407)297-0588

LLC DISSOLUTION OR WITHDRAWAL JENSTAR GROUP LLC

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Tallahassee, FL 32314

FAX AUDIT # H 150000258513

COVER LETTER

TO: Registration Section Division of Corporations					
Jenstar Group LLC					
SUBJECT:	(Name of Limited L	iability Compa	ny)		
The enclosed Articles of Dissolution	and fee(s) are submitted f	or filing,			
Please return all correspondence cond	eming this matter to the f	ollowing:			
James K, Duerr, CPA					
(Name of Person)					
Small Business Resources USA, Inc.					
	(Firm/Company)				
1601 Park Center Drive, Ste. 6A					
** •	(Addr	ess)	 -		
Orlando, FL 328	335				
	(City/State and	d Zip Code)			
For further information concerning the	s matter, please call:				
James K. Duerr, CPA		407	298-4646		
(Name of Pe	erson)	(Area Co) ode & Daytime Telephone Number)		
Enclosed is a check for the following amo	unt;				
▼ \$25.00 Filing Fee and Certificat	e of Dissolution		g Fee, Certificate of Dissolution & opp (additional copy is enclosed)		
MAILING ADI	RESS:	STR	EET/COURIER ADDRESS:		
Registration Sec			stration Section		
Division of Corp P.O. Box 6327	orations		tion of Corporations on Building		

FAX AUDIT # H 150000 258513

2661 Executive Center Circle Tallahassee, FL 32301 ARTICLES OF DISSOLUTION
A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Jenstar Group LLC	
2.	The Articles of Organization were filed on March 13, 2014 and assigned	
	document number L14000042445	
3.	The delayed effective date the dissolution if not effective on the date of filing: Immediately (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 sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	on
	Pursuant to Florida Statute 605.0701(1)-(3), the Limited Liability Company is being	
	dissolved upon the written consent of all of its members.	
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	
lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	
	Jooley Griffin, MGRM Signature Printed Name	
	N N S S S S S S S S S S S S S S S S S S	
	FILING FEE: \$25.00	
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	AM 7:21 OF STATE E. FLORID	
	CRETARY OF STATE LAHASSEE FLORIDA	
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