

L14 0000 84452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

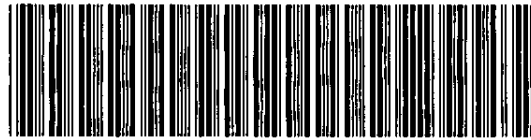
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/17/14--01005--011 **25.00

FILED
14 DEC 17 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Starns DEC 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Classics of Jacksonville, 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:

Douglas P. Jones

(Name of Person)

(Firm/Company)

2589 Scott Mill Dr. S.

(Address)

Jacksonville, Florida 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas P. Jones

(Name of Person)

478

319-4994

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

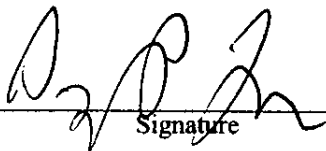
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Custom Classics of Jacksonville, LLC
2. The Articles of Organization were filed on May 27, 2014 and assigned
document number L14000089492
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).
The event causing dissolution under 605.071(3), Florida Statutes,
the passage of 90 consecutive days during which the company has no 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: Douglas P. Jones
2589 Scott Mill Drive South
Jacksonville, Florida 32223

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

Douglas P. Jones

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA