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(Busin	ess Entity Nai	me)
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(Docur	ment Number)	
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SECRETARY OF STATE

K SALY MAR 22 2019

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	СТ:	JLG_	RESIDENT.			
			(Name of	Limited I	d Liability Company)	
The enc	losed Ar	ticles of Dissol	ution and fee(s) are so	ubmitted (	d for filing.	
Please r	eturn all	correspondenc	e concerning this mat	ter to the	ne following:	
			Poble	TA	A. DUNCAN	
				(Name o	of Person)	
			COMMOST A	<u>BUS 11</u> (Firm/Ce	WEBS SELVICES INC	
			12/66 H	ole i	1405T LW.	
				(Add	ddress)	
			folt (	1/AL ity/State ar	2 2017 E, F4 33948 and Zip Code)	
For furt	her infor	mation concerr	ing this matter, please	e call:		
		E08467 (Nam	A. Dus Office of Person)	,	at ( 941 ) LSD - 8645 (Area Code & Daytime Telephone Number)	
Enclosed	l is a chec	k for the followi	ng amount:			
52	\$25.00 F	Filing Fee and Co	ertificate 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

A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is and assigned 2. The Articles of Organization were filed on \_ 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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). AJOETS 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:

**FILING FEE: \$25.00** 

Glottle