L14000120274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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12/01/14--01021--015 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers DEC 09 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JillianDistributors 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:

Thomas Sicari & GAYE SICARI
(Name of Person)

JillianDistributors LLC
(Firm/Company)

11962 CR101, Suite 302 # 131
(Address)

The Villages, Florida 32162
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Sicari at (608) 358 - 3815
(Name of Person) (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

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "**Notice of Limited Liability Company Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: JillianDistributors LLC

Document number of Limited Liability Company is: L14000120274

Date of dissolution was: 10/20/2014

Description of information that must be included in a written claim:

The Business, JillianDistributors LLC has been sold to a company in Austin, Texas.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Thomas Sicari

2315 Kenilworth Place

The Villages, Florida 32162

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

GAYE SICARI

Gaye Sicari V.P.

Thomas Sicari

Printed Name of the Person Filing

Thomas Sicari

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
JillianDistributors LLC

2. The Articles of Organization were filed on 07/28/2014 and assigned

document number L14000120274

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 business, JillianDistributors LLC has ~~be~~ sold to a company in Austin, Texas

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Thomas Sicari & GAYE SICARI
2315 Kenilworth Place
The Villages, Florida 32162

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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:

Thomas Sicari
Signature

Thomas Sicari
Printed Name

Gaye Sicari

FILING FEE: $25.00

GAYE SICARI V.P.
608-695-6672