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| (Requ                                   | uestor's Name) | )            |
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| nbbA)                                   | ress)          |              |
| (Adda                                   | ess)           |              |
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## **COVER LETTER**

| Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: JF TUCKET & HOSOCIAHS LLC (Name of Limited Liability Company)   |  |  |  |  |
| (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:  |  |  |  |  |
|  |  |  |  |  |
| John T. Stratten (Name of Person)  |  |  |  |  |
| (Name of Person)   |  |  |  |  |
|  |  |  |  |  |
| (Firm/Company)   |  |  |  |  |
|  |  |  |  |  |
| 9696 Casa Linda Ct   |  |  |  |  |
| (Address)  |  |  |  |  |
| 194 Casa Linda Ct.  (Address)  (City/State and Zip Code)   |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |
|  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
| Lilliane Anderson at (239) 573-000 Z  (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |
| \$25.00 Filing Fee and Certificate of Dissolution   \$\Begin{align*} \Begin{align*} |  |  |  |  |
| 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.  JF TUCKERA ASSOCIALS LLC   |                    |       |
|-----------|---|--------------------|-------|
| 2.        | The Articles of Organization were filed on $\frac{8/13}{14}$ and assigned document number $\frac{L1+000126960}{126960}$   |                    |       |
| 3.        | The delayed effective date the dissolution if not effective on the date of filing: 12/31/18 (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 listed as the document's effective date on the Department of State's records. | be                 |       |
| 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).  All CAWATING ACTIVITIES CLASED AND CONTIAN CIOSED.  |                    |       |
| 5.        | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:    John T Strotter   | 10 JAN -7 PM 2: 05 | F1120 |
| 6.<br>lis | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:    Want T. Stratfon   |                    |       |

FILING FEE: \$25.00