

L46001419344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

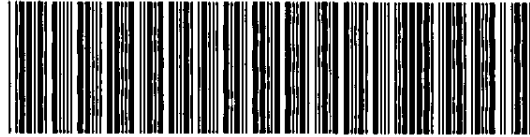
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 30 2015

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J+J All Around Handyman Services, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanetta A. Cole
(Name of Person)

(Firm/Company)

906 Arkansas Avenue
(Address)

Lynn Haven, Fl. 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanetta A. Cole at (850 , 271-5940)
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

J & J All Around Handyman Services, LLC

2. The Articles of Organization were filed on _____ and assigned

document number _____

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 company could never get financial Assistant
to get company up and running.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joanetta A. Cole
906 Arkansas Ave
Lynn Haven, Fl. 32444

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CLERK OF STATE
TALLAHASSEE FLORIDA

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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:

Joanetta A. Cole
Signature

Joanetta A. Cole
Printed Name

FILING FEE: \$25.00