

L14000156309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

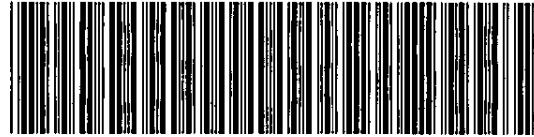
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100268969271

100268969271
02/03/15--01045--007 **25.00

N. Outagamie FEB 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J AND D FOLIAGE 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:

MANUEL PEREZ LOPEZ

(Name of Person)

J AND D FOLIAGE LLC

(Firm/Company)

24200 SW 167 TH AVE

(Address)

HOMESTEAD, FL 33031

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL PEREZ LOPEZ

(Name of Person)

786

728 4531

(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
J AND D FOLIAGE SERVICES LLC
2. The Articles of Organization were filed on 10/06/2014 and assigned
document number L14000156309
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).
WE ARE GOING OUT OF BUSINESS.

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:



Signature

MANUEL LOPEZ PEREZ

Printed Name

FILING FEE: \$25.00