

UK4000/67653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

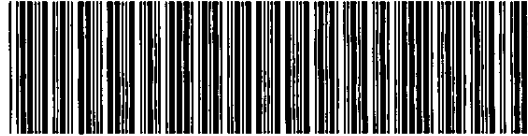
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 OCT 19 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Homes of Jacksonville, 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:

Jim Farah

(Name of Person)

The Farah Law Group

(Firm/Company)

6550 St. Augustine Road, Suite 103

(Address)

Jacksonville, Florida 32217

(City/State and Zip Code)

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FILING ASSISTANT

For further information concerning this matter, please call:

Jim Farah

(Name of Person)

at 904 443-0060

(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
Quality Homes of Jacksonville, LLC
2. The Articles of Organization were filed on July 15, 2015 and assigned
document number L14000167653
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).
Majority approval of all Members.

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

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

Samir Saman, Jr., Authorized Member

Printed Name

FILING FEE: \$25.00

FILED
15 OCT 19 PM 5:01
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA