

L 14000184186

(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



200284353352

04/22/16--01013--017 **25.00

16 APR 22 PM 1:35
RECEIVED
FILING OFFICE

APR 25 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of LLC (Three JERG Properties, LLC)

DOCUMENT NUMBER: L14000184186

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Althea Walters
(Name of Contact Person)

(Firm/Company)

P.O. Box 548
(Address)

Dunnellon FL 34430
(City/State and Zip Code)

For further information concerning this matter, please call:

Althea Walters at (352) 427-4414
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy
(Additional copy is enclosed) |
|--|---|--|---|

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment 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
Three JERG Properties, LLC

2. The Articles of Organization were filed on 11-2014 and assigned
document number L14000184186

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Business failed.

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

Althea Walters
PO Box 548
Dunnellon, FL 34430

16 APR 22 PM 1:35
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

Althea Walters
Printed Name

FILING FEE: \$25.00