

L 14000184186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

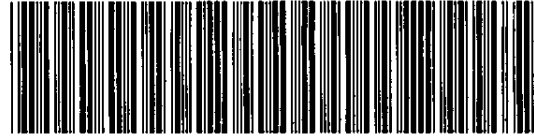
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 25 2016  
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**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<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy<br>(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:

Althea Walters  
Signature

Althea Walters  
Printed Name

**FILING FEE: \$25.00**