

**L14000192774**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

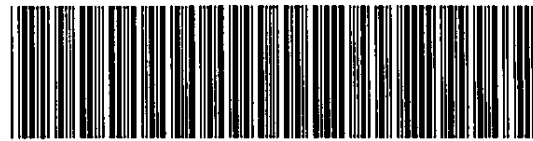
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



**800292954438**

12/12/16--01009--027 \*\*25.00

**FILED**  
2016 DEC 12 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**K. SALY**  
**DEC 13 2016**

SECRETARY

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Guarded Jeep, 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:

DAVID Shulman  
(Name of Person)  
Guarded Jeep, LLC  
(Firm/Company)  
162 East Inlet Drive  
(Address)  
Palm Beach, FLORIDA 33480  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID Shulman at ( 203 ) 543-0320  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2016 DEC 12 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Guarded Jeep, LLC.

2. The Articles of Organization were filed on 12/18/14 and assigned

document number L14000192774

3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/16  
(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 not profitable - winding down

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

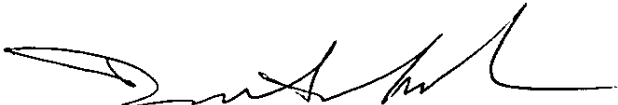
DAVID Shulman

~~880~~ 162 East DART Drive

Palm Beach, FLORIDA

33480

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

DAVID Shulman

Printed Name

FILING FEE: \$25.00