## 115000004410

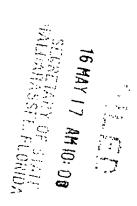
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## **COVER LETTER**

	Registration Section Division of Corporations							
SUBJEC	JAI US LLC							
50 <b>20</b> 20	(Name of Limited Liability Company)							
The encl	osed Articles of Dissolution	on and fee(s) are subm	itted for filing.					
Please re	turn all correspondence co	ncerning this matter to	o the following:					
	ANGELA GUA	N						
(Name of Person)								
GABLES ESTATES TAX AND ADVISORY SERVICES P.A.								
(Firm/Company)								
396 ALHAMBRA CIRCLE, SOUTH TOWER, SUITE 200								
			(Address)					
CORAL GABLES FL 33134								
		(City/S	state and Zip Code)					
For furth	er information concerning	this matter, please cal	II:					
ANGELA GUAN			305 665-5508					
	(Name o	Person)	(Area Code & Daytime Telephone Number)					
Enclosed	s a check for the following a	mount:						
	\$25.00 Filing Fee and Certif	cate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
	MAILING A		STREET/COURIER ADDRESS:					
Registration Section Division of Corporations			Registration Section					
	P.O. Box 6327		Division of Corporations Clifton Building					
	Tallahassee, F		2661 Executive Center Circle Tallahassee, FL 32301					

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is					
	JAI US LLC				······································	
2.	The Articles of Organization were filed on 1/8/2	2015	and a	ssigned		
	document number L15000004410	<del></del>				
3.	The delayed effective date the dissolution if not (effective date cannot be prior to o Note: If the date inserted in this block does not mee listed as the document's effective date on the Depart	or more than 90 days later tha et the applicable statutory	in date documen			
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on b	limited liability comparack cover letter).	ıy's dissoluti	on pursuant to s	section	
	All members agreed to dissolve JAI US LLC.					
				100 pg	16	
					I AVI	
					7 1	
5.	If there are no members, enter the name and add activities and affairs:	ress of the person appo	inted to wind	up the compar	iy's	
	***************************************					
6. lis	Signature of an authorized person or if there are sted above to wind up the company's activities an	no members, the signa d affairs:	ture of the pe	rson appointed	and	
ے د	- in	LIPIN	5 4	/		
	Signature	——————————————————————————————————————	Printed Name			

**FILING FEE: \$25.00**