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(Requestor's Name)						
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COVER LETTER

TO:

Registration Section Division of Corporations

J&W GIFTS 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:

WILLIAMINA STEPHAN

(Name of Person)

(Firm/Company)

1616 W CAPE CORAL PARKWAY

(Address)

CAPE CORAL, FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAMINA STEPHAN at 239

(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

	ne name of a limited liability of the Community of the Co	company is			
2. Tì	ne Articles of Organization w	n were filed on 3/19/2015		and assigned	
do	cument number <u>L1500004990</u>)7			
<u> </u>	ne delayed effective date the office (effective date liote: If the date inserted in this listed as the document's effective	block does not meet the a	ipplicable statutory filing red	3/19/2015 cument is received for t quirements, this date v	iling) will not be
4. A	description of occurrence tha 5.0707, Florida Statutes, (cop	at resulted in the limite by 605.0707 on back co	d liability company's dissover letter).	solution pursuant to	section
CONTACTING CORPORATION REJECTED FI	FILE AS A CORPORA AN ACCOUNTANT, SE N, WHICH I DID-J & ILING. I NOW WANT SSIBLE SO I CAN BE	HE INFORMED MI & W GIFTS, INC I TO DESOLVE O	E THAT I WOULD C. DOCUMENT #W1 J&W GIFTS LLC D	HAVE TO FILT 5000033265, OCUMENT L15	E TO BECOME A SHOWING A 000049907 as
	LC DOCUMENT L1500 ME KNOW ASAP WHEN				ED.
5. If	there are no members, enter t	the name and address o	of the person appointed to	wind up the compa	ın ğ ış
ac	tivities and affairs:	VILLIAMINA STEPHAI	N		3 5
	16	1616 W CAPE CORAL PARKWAY #108		28.5 28.5 28.5 28.5 28.5 28.5 28.5 28.5	
CAPE CORAL, FL 33914				A Continues	
	_			77 1975 1975	රා ශු
6. Si listed	gnature of an authorized pers above to wind up the compa	on or if there are no many's activities and affa	embers, the signature of t	he person appointed	d and
\bigvee	() 01, 5	t=0.4	WILLIAMINA STEPHAN		
\	Ulluming D Signature	prial	Printed N		All the state of t
/ '	5/12/15.	FILING FI			