

L15000064167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

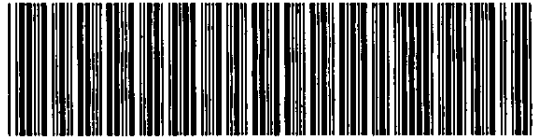
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200283206442

03/24/16--01015--011 \*\*25.00

FILED  
2016 MAR 24 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jessole Shop 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:

Iris Solares

(Name of Person)

Jessole Shop LLC

(Firm/Company)

1191 Redbird Avenue

(Address)

Miami Springs, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Iris Solares

(Name of Person)

at ( 786 ) 201-2529

(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 MAR 24 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Jessole Shop, LLC

2. The Articles of Organization were filed on 03/19/15 and assigned  
document number L15000064167

3. The delayed effective date the dissolution if not effective on the date of filing: 03/21/16  
(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).  
No time to manage business.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Iris Solares  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Jessole Shop, LLC

Document number of Limited Liability Company is: L15000064167

Date of dissolution was: 03/21/16

Description of information that must be included in a written claim:

No time to manage

FILED  
2016 MAR 21 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Iris Solares

1191 Redbird Avenue

Miami Springs, FL 33166

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Iris Solares

Printed Name of the Person Filing

Iris Solares

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00