L15000075904

(Re	equestor's Name)
(Ad	idress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPYON

COVER LETTER

TO: Registration Section

Division of Corporations

JIAXING INTERNATIONAL 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:

ALEJANDRO PICHARDO

(Name of Person)

ACCOUNTING CENTER OF ORLANDO LLC

(Firm/Company)

1150 WEST STATE RD 436

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO PICHARDO 407 5

(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

1.	The name of a limited liability company is JIAXING INTERNATIONAL LLC
2.	The Articles of Organization were filed on 04/29/2015 and assigned
	document number L15000075904
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).
	THE BUSINESS NEVER STARTED OPERATIONS AND THE MEMBERS ELECTED TO CLOSE IT.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
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6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
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	Signature Printed Name FILING FEE: \$25.00
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