

L150000 96451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

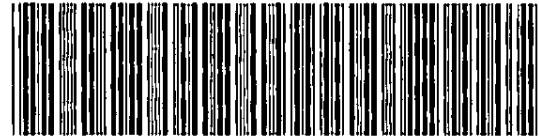
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300326368853

03/20/19--01018--012 \*\*25.00

FILED  
2019 MAR 20 PM 12:34  
CLERK OF COURT  
HALL COUNTY, MISSOURI

CUS  
Any Diss.  
w/n notice

MAR 30 2019

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JK Savino Properties, 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:

Kelly Savino  
(Name of Person)  
JK Savino Properties, LLC  
(Firm/Company)  
8480 Miralago Way  
(Address)  
Parkland FL 33076  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Savino at 561, 929 7712  
(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 JK SAVINO PROPERTIES, LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned  
document number L15000096451

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).

CONSENT OF SOLE MEMBER

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:

Kelly R.  
Signature

Kelly Savino  
Printed Name

**FILING FEE: \$25.00**

FILED  
2019 MAR 20 PM 12:34

## 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: JK Savino Properties, LLC

Document number of Limited Liability Company is: L15000096451

Date of dissolution was: upon filing

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

DATE LIABILITY WAS INCURRED & complete details.

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

8480 MIRALAGO WAY  
PARKLAND, FL 33076

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.

KELLY SAVINO  
Printed Name of the Person Filing

Kelly A.  
Signature of the Person Filing