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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 075030000653 : (904)359-7700 Phone : (904)359-7708 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL JALA FAMILY ENTERPRISES, LLC

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# ARTICLES OF DISSOLUTION OF JALA FAMILY ENTERPRISES, LLC

#### ARTICLE I

The name of this limited liability company is JALA Family Enterprises, LLC (the "Company").

#### ARTICLE II

The Articles of Organization of the Company were filed on October 20, 2015, and assigned Document Number L15000178330.

#### **ARTICLE III**

The dissolution of the Company was authorized by written consent adopted by the members of the Company on May 13, 2022.

#### ARTICLE-IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

#### ARTICLE V

All remaining property and assets of the Company have been distributed to its members in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

#### ARTICLE VI

There are no suits pending against the Company in any court.

#### **ARTICLE VII**

The effective date of the dissolution of the Company shall be as of the date of filing these Articles of Dissolution.

Dated this 13 day of May, 2022.

JALA FAMILY ENTERPRISES, LLC

David Miller

Manager

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### Notice of Limited Liability Company Dissolution

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 Limi	ited Liability Company:	LLC	_
Document nu	mber of Limited Liability Company is: L150001	78330	
	May 13, 2022		
Description o	f information that must be included in a written	claim:	
The identity an	nd contact information for the person or entity asserti	ng the claim, a description of the basis for the claim,	
the date the cla	tim arose, the amount of the claim, and a description	of the facts and circumstances underlying the claim.	
			_
· · · · · · · · · · · · · · · · · · ·			
Mailing addre	ess where claims can be sent: (Claims cannot be	sent to the Division of Corporations)	
	David Miller		
	3733 University Blvd. W., Ste 212		
	Jacksonville, Florida 32217		
A claim agair commenced v	nst the above named limited liability company within 4 years after the filing of this notice.	rill be barred unless a proceeding to enforce the cla	im is
David Miller	Printed Name of the Person Filing	Signature of the Person Filing	
	Littled Manne of the Letzon Little	Difference of the Lorson LiverB	