# US 000185778

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100286561131

06/10/16--01009--004 \*\*25.00



#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

## JFG AUTO CARE 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:

### RAEISEH A ALKHATIB

(Name of Person)

#### JFG AUTO CARE LLC

(Firm/Company)

103 S VALRICO RD

(Address)

VALRICO FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

# RAEISEH A ALKHATIB at 813 900-0999

(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

JFG AUTO C	Fa limited liability company is CARE LLC	·
2. The Articles	of Organization were filed on 11/02/2015 and as	signed
	mber	
Note: If the	effective date the dissolution if not effective on the date of filing: 06/02/2 (effective date cannot be prior to or more than 90 days later than date document date inserted in this block does not meet the applicable statutory filing requiremed document's effective date on the Department of State's records.	2016 is received for filing) nts, this date will not b
4. A description 605.0707, Flo	n of occurrence that resulted in the limited liability company's dissolution orida Statutes, (copy 605.0707 on back cover letter).	n pursuant to section
5. If there are n	to members, enter the name and address of the person appointed to wind	
activities and	DACICELLA ALVIJATID	ip the company's
activities and		16
	11352 PALM ISLAND AVE	355
	RIVERVIEW FL 33569	
6. Signature of listed above to v	an authorized person or if there are no members, the signature of the perswind up the company's activities and affairs:	son appointed and
الحضا	RAEISEH A ALKHATIB  Signature  Printed Name	

FILING FEE: \$25.00