

L15000190454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

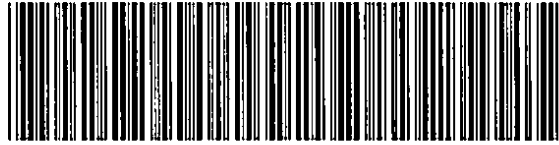
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 28 2020

09/28/20--01012--012 **23.00

SEP 28 PM 5:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAL Group 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:

ANA MEJIA

(Name of Person)

JAL Group LLC

(Firm/Company)

4310 NW 197 ST.

(Address)

MIAMI GARDENS, FL 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA MEJIA

(Name of Person)

(C) at 786, 273-1961 OR
(Area Code & Daytime Telephone Number)

office 305-888-0059 x 225

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is JAL Group LLC 2020 28 PM 5:36

2. The Articles of Organization were filed on 11/12/2015 and assigned
document number L15000190454

3. The delayed effective date the dissolution if not effective on the date of filing: 10/1/2020
(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).

MR. JOSE A. LAZO HAS BEEN HOSPITALIZED
OVER 3 MONTHS WITH COVI-19. HIS HEALTH
IS DETERIORATING. IF HE SURVIVES, HE MAY
NOT BE ABLE TO WALK OR TALK. JUST HAD BRAIN SURGERY.

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

ANA MEJIA
4310 NW 197 ST.
MIAMI GARDENS, FL. 33055

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:

Ana Mejia
Signature

ANA MEJIA
Printed Name

FILING FEE: \$25.00