

L15000213342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

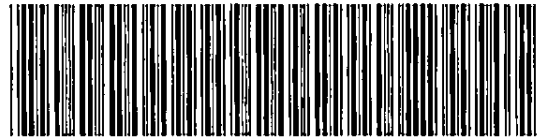
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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L15-213342

Vol Diss

05/04/17--01003--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2017 SEP 13 PM 1:44

N. CAUSSEAU

SEP 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J MICHAEL JONES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Jones

(Name of Person)

none

(Firm/Company)

PO Box 27520

(Address)

Panama City Bch, FL 32411

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Jones

(Name of Person)

at 850 865-8006

(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)

<already paid>

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2017

MICHAEL JONES
J. MICHAEL JONES, LLC
P.O. BOX 27520
PANAMA CITY BEACH, FL 32411

SUBJECT: J. MICHAEL JONES, LLC
Ref. Number: L15000213342

We have received your document for J. MICHAEL JONES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You completed the form for a voluntary dissolution for a corporation, not an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 417A00008847



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2017

MICHAEL JONES
P.O. BOX 27520
PANAMA CITY BEACH, FL 32411

SUBJECT: J. MICHAEL JONES, LLC
Ref. Number: L15000213342

We have received your document for J. MICHAEL JONES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In #4 of the "Articles of Dissolution" you must remove the paragraph "P.S. THIS WAS INSTIGATED BY S. DALIA, IN MY OPINION A QUESTIONABLE "MILL" FOR MIS-LEADING INFO." all of this MUST BE REMOVED. In the "Notice of LLC Dissolution" you must give us a "DESCRIPTION OF THE INFORMATION THAT MUST BE INCLUDED IN THE WRITTEN CLAIM" you cannot state "UNAWARE OF ANY CLAIMS, NEVER ACTIVATED OR USED IN BUSINESS OF ANY KIND."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 417A00013997

2x

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

J MICHAEL JONES LLC

2. The Articles of Organization were filed on _____ and assigned

document number L 15000 213342

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).

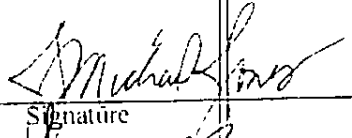
never used never activated

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

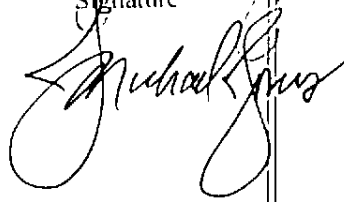
Michael Jones
PO Box 27521
PCO, FL 32411

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DIVISION OF CORPORATIONS
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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:


Signature

J Michael Jones
Printed Name



FILING FEE: \$25.00

2x

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: J MICHAEL JONES LLC

Document number of Limited Liability Company is: L 15000 213342

Date of dissolution was: never started

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

any information claimant feels relevant.

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DIVISION OF CORPORATIONS

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

JONES
PO BOX 77520
PCB, FL 32411

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.

J Michael Jones
Printed Name of the Person Filing

Michael Jones
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00