L160000008367

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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ALBRITTON

COVER LETTER

TO: Registration Section

Divisi	on of Corporations					
j SUBJECT:	JNM Ocean Ridge LLC					
(Name of Limited Liability Company)						
he enclosed A	Articles of Dissolution and fee(s) are submi	tted for filing.				
lease return a	Il correspondence concerning this matter to	the following:				
	Dinah Robertson					
	(Na	me of Person)				
	Neighborhood Realty Inc.					
	(Firm/Company)					
	1102 A1A N. Unit 102					
	(Address)					
	Ponte Vedra, FL 32082					
	(City/St	ate and Zip Code)				
or further info	ormation concerning this matter, please call	l:				
Dinah Robertson		904 247-9160 at ()				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a cho	eck 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)				
	ng Address:	Street Address:				
Registration Section Division of Corporations		Registration Section				
	Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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		ARTICLES OF D FOI A LIMITED LIABII	₹		2000 300 19 MILL 09
	me of a limited liabili	ty company is			111.00
2. The Ar	ticles of Organization	were filed on 1/14/2016			
docume	ent number L1600000	8367	_		
Note:	If the date inserted in the	e dissolution if not effect date cannot be prior to or more is block does not meet the ive date on the Department	applicable statutory filin	ie document is rece	ived for filing) his date will not be
4. A desci 605.070	ription of occurrence 17, Florida Statutes, (c	that resulted in the limite topy 605.0707 on back c	d liability company's (dissolution purs	suant to section
UNANI	MOUS CONSENT OF	ALL MEMBERS PER OP	ERATING AGREEMEN	ΥT	
UNANI	MOUS CONSENT OF	ALL MEMBERS PER OP	ERATING AGREEMEN	rT	
UNANIN	MOUS CONSENT OF	ALL MEMBERS PER OPI	ERATING AGREEMEN	т	
	are no members, ente	er the name and address of Dinah Robertson	of the person appointed	d to wind up the	company's
		1102 A1A M., Ste 102			
		Ponte Vedra, FL 32082			
6. Signatu above to w	ire of an authorized p vind up the company	erson or if there are no mes activities and affairs:	nembers, the signature	of the person ap	ppointed and listed
100	Mal		Dinah Robertson	d.N.	
, 0	- / Signature		Print	ed Name	

FILING FEE: \$25.00

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:
Document number of Limited Liability Company is:
Date of dissolution was: 6-15-2020
Description of information that must be included in a written claim:
A detailed statement of account must show the date, number and amount of all invoices or charges,
together with the date, number and amount of all creditors or payments.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
C/O Neighborhood Realty
1102 A1A N Ste 102
Ponte Vedra, FL 32082
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.
A - 17/2
Dinah Robertson
Printed Name of the Person Filing Signature of the Person Filing

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