## 416000015613

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status				
Consistence of Ethics	$\neg$			
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Job Evolve, LLC SUBJECT:					
30130001	(Name of Limite	ed Liability Company)			
The enclosed A	rticles of Dissolution and fee(s) are submitt	ed for filing.			
Please return al	I correspondence concerning this matter to t	he following:			
	Deborah Gosser				
	(Name of Person)				
	Job Evolve, LLC				
	(Firm/Company)				
	4046 Highland Oaks Drive (formerly 11306 30th Court East Parrish)				
	(Address)				
	Sarasota, Florida 34235				
	(City/Stat	te and Zip Code)			
For further info	ermation concerning this matter, please call:				
Deborah Gosser		270 307-5266 at ()			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a che	eck for the following amount:				
		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, 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 l	ability company is	2022 HAR THE ATT 6: 52		
Job Evolve, LLC				
2. The Articles of Organiz	ation were filed on	and assigned		
document number L160	00015613			
Note: If the date inserted	thre date cannot be prior to or it	fective on the date of filing: 12/31/2021 nore than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not be cent of State's records.		
4. A description of occurr 605.0707, Florida Statut	ence that resulted in the limes, (copy 605.0707 on back	nited liability company's dissolution pursuant to section k cover letter).		
I retired from working so the business has not been earning any revenues since 2019				
	s, enter the name and address	ss of the person appointed to wind up the company's		
activities and arraits.	4046 Highland Oaks D	Orive		
	Sarasota, Florida 3423	5		
6. Signature of an authorisabove to wind up the comp	zed person or if there are no bany's activities and affairs	o members, the signature of the person appointed and listed:		
Shore Sta	22	Deborah Gosser Printed Name		
/ Signatu	i Ç	Timed Name		

FILING FEE: \$25.00