Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250001834013)))



H2500018340134BCt

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

### LLC DISSOLUTION OR WITHDRAWAL JAMEM HOLDING II. LLC

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## (((H250001834013))) ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	s
JAMEM HOLDING II, LLC	
2. The Articles of Organization were filed or	1 March 10, 2016 and assigned
document number L16000050044	<del></del> .
3. The delayed effective date the dissolution (effective date cannot be proposed). If the date inserted in this block does a listed as the document's effective date on the content of the date of the date.	ior to or more than 90 days later than date document is received for filing) not meet the applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	n the limited liability company's dissolution pursuant to section 7 on back cover letter).
Consent of the Member.	
<ol><li>If there are no members, enter the name an activities and affairs:</li></ol>	ad address of the person appointed to wind up the company's
<del>-</del>	
·	
<ol> <li>Signature of an authorized person or if ther above to wind up the company's activities and</li> </ol>	re are no members, the signature of the person appointed and listed affairs:
1011/1.0	
/1////////////////////////////////////	Scott Meixsell, Member
Signature	Printed Name

FILING FEE: \$25.00

Tο.

#### (((H250001834013)))

#### 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:  L16000050044	
Document number of Limited Liability Company is: L16000050044	
Date of dissolution was:	ES.
Description of information that must be included in a written claim:	TALLAHA.SSEE.FL
Name of Claimant:	20
Address of Claimant:	ORIL!
Amount of Claim:	
Basis of Claim:	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of P.O. Box 1263	Corporations)
P.O. Box 1263	Corporations)
P.O. Box 1263 Longwood, FL 32752	Corporations)
P.O. Box 1263  Longwood, FL. 32752	

Printed Name of the Person Filing