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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

K. SALY APR 1 9 2017

COVER LETTER

SUBJECT: JPS2 International 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:
John P. Sheridan #
(Name of Person)
JPS2 International LLC (Firm/Company)
5573 Mossy Oak in Port Orange FL 3212-
• • • •
(City/State and Zip Code)
For further information concerning this matter, please call:
John P. Sheridan # at (386) 366 1082 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$\sigma\$ \$55.00 Filing Fee, Certificate of Dissolution &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR · A LIMITED LIABILITY COMPANY

<u></u>	
ARTICLES OF DISSOLUTION	r r
FOR A LIMITED LIABILITY COMPANY	LED
The name of a limited liability company is SECHETARY ALLAHASSE	LED PN 1137 OF STATE E. FLORIDA
The Articles of Organization were filed on 9/22/2016 and assigned	FLORIDA
document number <u>L 16000 17758</u> 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 listed as the document's effective date on the Department of State's records.	- be
A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). There actually conducted any business due	1
to health problems, thus I am dissol	ving
IPSZ International LLC)
If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	
John P. Sheridan II	
5573 Mossy OAK LN	
Poet Orange FL 32127	
Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:	
John P. Sheidan It	_
Signature Printed Name	

FILING FEE: \$25.00