

L170660279SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

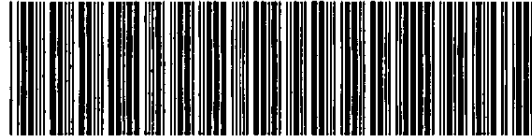
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/18--01033--008 **25.00

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TALLAHASSEE, FLORIDA

2018 APR 14 P 2:31

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5/16/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2018

SANDRA GONZALEZ
11360 NW 37TH ST
SUNRISE, FL 33323

SUBJECT: JSO SOLUTIONS LLC
Ref. Number: L17000027935

We have received your document for JSO SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add address to #5 of application, and also add the address on page 2 of 2.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00008264

2018 MAY 14 2:31
TALLAHASSEE, FLORIDA

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2018 MAY 14 PM 3:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSO SOLUTIONS 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:

Sandra Gonzalez
(Name of Person)

(Firm/Company)

11360 NW 37TH Street
(Address)

Sunrise FL 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Gonzalez at (954) 401-9014
(Name of Person) (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)

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

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2010 APR 14 P 2:31
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

JSO SOLUTIONS LLC

2. The Articles of Organization were filed on 02/03/2017 and assigned

document number L17000027935

3. The delayed effective date the dissolution if not effective on the date of filing: 12-20-2017
(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).

We lost the only two customers we had.

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

Sandre Gonzalez

13437 NW 6TH DR

Plantation FL 33325

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

x Sandre Gonzalez
Printed Name

FILING FEE: \$25.00

FILED
2018 APR 14 PM 2:31
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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: JSO SOLUTIONS LLC

Document number of Limited Liability Company is: L17000027935

Date of dissolution was: 12-20-2017

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

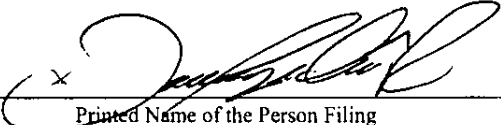
We lost the only two customers we had.

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

391 SE 19th Avenue Apt 1

Pompano Beach FL 33060

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.

x 
Printed Name of the Person Filing

x Gordian Gonzalez
Signature of the Person Filing

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

FILED
2018 APR 14 P 2:31
TALLAHASSEE FLORIDA