

L12000085076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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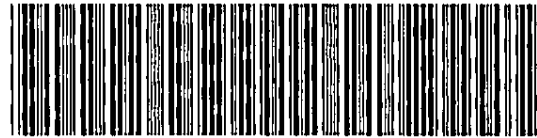
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

JAN 03 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBSC Ventures, 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:

Jeffrey Robin St. Charles
(Name of Person)

JBSC Ventures, LLC
(Firm/Company)

1087 Leeway Ct
(Address)

Orlando, FL 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Robin St. Charles at (407) 451-9539
(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

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

1. The name of a limited liability company is

JRSC Ventures, LLC

2. The Articles of Organization were filed on April 17, 2017 and assigned

document number L17000085076

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 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).

The owner of the limited liability company no longer
has a desire to own a company at this time and is
pursuing other things.

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

Jeffrey Robin St. Charles

1087 Lazeway Ct, Orlando, FL 32810

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CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL 32310

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

Jeffrey Robin St. Charles
Printed Name

FILING FEE: \$25.00