L17000171908

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18 MAY 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY

MAY 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEORGE JASON 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:

PEGGY LYNN
(Name of Person)

GEORGE JASON LLC
(Firm/Company)

6099 OVERSEAS HWY 62E
(Address)

MARATHON FL 33050
(City/State and Zip Code)

For further information concerning this matter, please call:

PEGGY LYNN at (334) 300-4426
(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

FILED
18 MAY 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

GEORGE JASON LLC

2. The Articles of Organization were filed on 8/11/2017 and assigned

document number L17000171908

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).

THIS ENTITY WAS NEVER OPERATIONAL TO ACCEPT INCOME DUE TO REHABILITATION WORK IN PREPARATION, THEN TOTAL DAMAGES TO DOMICILE DUE TO HURRICANE IRMA WITH CONSEQUENTIAL DEATH OF REGISTERED AGENT, IN 10/17.

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

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:

Peggy S Lynn
Signature

PEGGY S LYNN
Printed Name

FILING FEE: $25.00