

L17000247668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

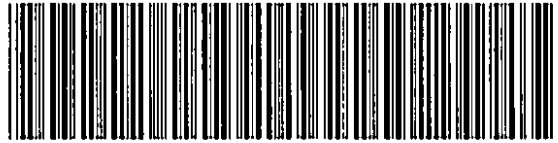
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400344169704

05/11/20--01011--028 **25.00

FILED

2020 MAY 11 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

am
6/1/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 909 Mimosa Way, 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 J. McIntyre

(Name of Person)

JBNM, LLC

(Firm/Company)

15960 South US HWY 441

(Address)

Summerfield, FL 34491

(City/State and Zip Code)

For further information concerning this matter, please call:

John J. McIntyre

(Name of Person)

352-

751-2325

at (_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2020 MAY 11 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
909 Mimosa Way, LLC

2. The Articles of Organization were filed on December 4, 2017 and assigned
document number 1.17000247668

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).

Property Sale

Property Sale

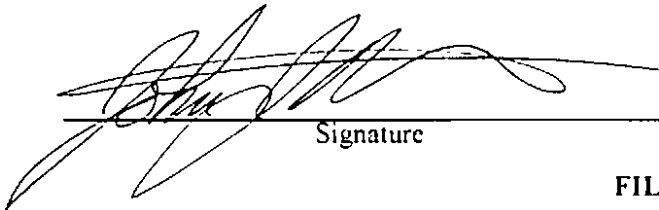
Property Sale

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

15960 South US HWY 441

Summerfield, FL 34491

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

John J. McIntyre

Printed Name

FILING FEE: \$25.00