

L17000 262 538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

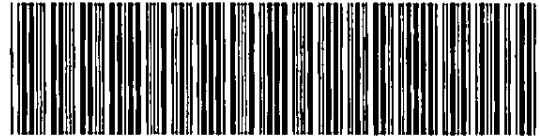
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J@M PROPERTIES OF NW FL 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 MCFADIN

(Name of Person)

(Firm/Company)

425 MCKINNON LANE

(Address)

PENSACOLA FLORIDA 32534

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN MCFADIN

(Name of Person)

850 982 7348

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/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
J@M PROPERTIES OF NW FL LLC
2. The Articles of Organization were filed on DECEMBER 2017 12/27/17 and assigned
document number L17000262538
3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 30 2019
(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).
RAN OUT OF MONEY

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 MCFADIN

425 MCKINNON LANE

PENSACOLA FL

32534

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 15 PM 3:32
FILED

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 McFADIN
Printed Name

FILING FEE: \$25.00