

**LIB 0000 47620**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

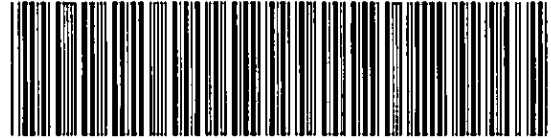
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



**500342488445**

05/20/20--01013--002 \$435.00

2020 APR 30 AM 9:40

C GOLDEN

APR 15 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jacob Meyer and Associates, 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:

Russell Byne

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4009 Garden Ave

\_\_\_\_\_  
(Address)

W. Palm Beach, FL 33405

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Byne

\_\_\_\_\_  
(Name of Person)

561 207-0135  
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**

2020 03 09 9:40

1. The name of a limited liability company is

Jacob Meyer and Associates, LLC

2. The Articles of Organization were filed on 2-22-2018 and assigned

document number L18000047620

3. The delayed effective date the dissolution is not effective on the date of filing: April 1, 2020  
(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).

No longer doing business

No longer doing business

No longer doing business

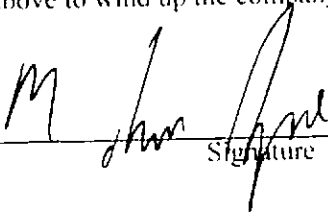
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Russell Byne

4009 Garden Ave

W. Palm Beach FL 33405

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

M. Russell Byne

Printed Name

**FILING FEE: \$25.00**