

L180000 52089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

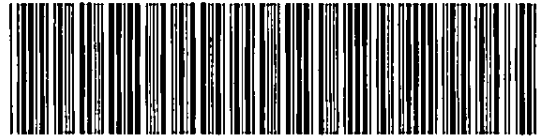
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800326854578

03/29/19--01018--010 **35.00

2019 MAY 15 PM 1:34

D. BRUCE
MAY 15 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2019

JACOB ALORICH
10024 IBIS RESERVE CIR
WEST PALM BCH, FL 33412

SUBJECT: JACOB ALDRICH, LLC
Ref. Number: L18000052089

We have received your document for JACOB ALDRICH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 619A00006938

619A00006938
APR 15 11:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACOB ALDRICH 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:

JACOB ALDRICH
(Name of Person)
JACOB ALDRICH LLC
(Firm/Company)
43862 MARBELLA ST.
(Address)
LANCASTER CA 93536
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 16 PM 1:34

FILED

For further information concerning this matter, please call:

JACOB ALDRICH at (760) 902 4404
(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

JACOB ALDRICH LLC

2. The Articles of Organization were filed on APRIL 7, 2019 and assigned

document number L18000052089

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).

I DO NOT USE THE LLC AND MOVE OUT OF FLORIDA

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

JACOB ALDRICH

43862 MARBELLA ST

LANCASTER CA 93536

2019 MAY 15 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

JACOB ALDRICH
Printed Name

FILING FEE: \$25.00