

L180000117326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

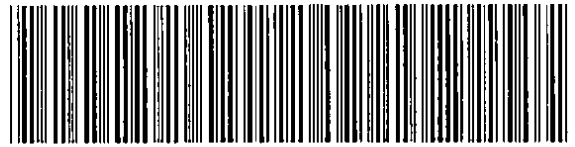
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Effective Date 9/30/19

Office Use Only



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09/23/19--01005--019 **25.00

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EFFECTIVE DATE

9.30.2019

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SEP 23 2019

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2019 SEP 23 PM 2:21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JPC COVER SOLUTIONS 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:

JUAN PABLO ALEMAN SANTANA
(Name of Person)

~~(Filing Company)~~

4049 E MICHIGAN ST ORLANDO FL 32812
(Address)

ORLANDO / FLORIDA 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN PABLO ALEMAN SANTANA at (904) 377-1297
(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

EFFECTIVE DATE
9.30.2019

1. The name of a limited liability company is

JPC COVER SOLUTIONS LLC

2. The Articles of Organization were filed on 05/14/2018 and assigned

document number L18000117326

3. The delayed effective date the dissolution if not effective on the date of filing: 09/30/2019
(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).

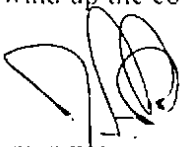
(2) THE CONSENT OF ALL THE MEMBERS

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CLERK OF COURT
JANICE L. CLARK

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

4049 E MICHIGAN STREET ORLANDO FL 32812

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

JUAN PABLO ALEMAN SANTANA

Printed Name

FILING FEE: \$25.00