

L18000132096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

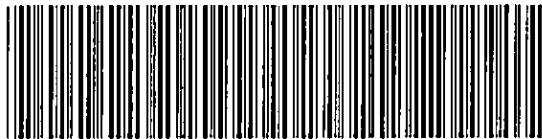
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/19--01006--015 *+185.00

19 OCT 15 2:11:28

FILED
TALLAHASSEE, FLORIDA

19 OCT 15 PM 8:25

FILED

K SALY
OCT 16 2019

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/15/2019

****WALK IN****

ENTITY NAME JNCCT INVESTISSEMENT, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

CHECK # 6715

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
19 OCT 15 PM 8:23
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
JNCCT INVESTISSEMENT, LLC

2. The Articles of Organization were filed on 05/29/2018 and assigned
document number L18000132096

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.

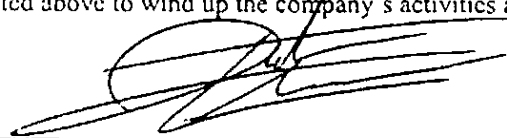
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The purpose for which the company was organized no longer exists.

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

4901 WOODLANDS BLVD

TAMARAC, FL 33319

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

Mr. Julien Latorre

Printed Name

FILING FEE: \$25.00