

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
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PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
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COLLINICY OF STATE

FILED

## **COVER LETTER**

	on Section of Corporations			
SUBJECT:	JFY Handy Ma (Name of Limited	n LLC d Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:				
_	(Firm	/Company)		
<u> </u>	1200 OC	eanview Av		
_		FL 33040		
For further information concerning this matter, please call:				
_Sinv	dra Liates (Name of Person)	at ( <u>240</u> ) <u>435-1177</u> (Area Code & Daytime Telephone Number)		
Enclosed is a check for	or the following amount:			
□ \$25.00 Fili	ing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Division P.O. Box	tion Section of Corporations	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

١.	The name of a limited liability company is	
	JFY Handyman LLC	
2.	The Articles of Organization were filed on $\frac{7/03/20/8}{}$ and assigned	
	document number <u>L18000160002</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/01/202 4  (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 n listed as the document's effective date on the Department of State's records.	ot be
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).	on
	No longer viable economically.	-17
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	STAT	J
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Sandra L. Vates	
	1200 Oceanview Ave	
	Maratton, FL 33040	
6, ab	Signature of an authorized person or if there are no members, the signature of the person appointed and sove to wind up the company's activities and affairs:	listed
	Sandra Lyates Sandra L. Yates Printed Name	

FILING FEE: \$25.00