

L19000106624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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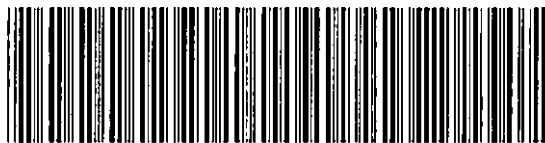
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Junian, 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:

Chandra Louise, Mgr

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

Junian, LLC

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

523 Weston Manor Drive

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

The Villages, FL 32162

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

For further information concerning this matter, please call:

Chandra Louise

321 222-7724  
\_\_\_\_\_  
at (Area Code & Daytime Telephone Number)

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

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**

1. The name of a limited liability company is

Junian LLC

2. The Articles of Organization were filed on April 15, 2019 and assigned

document number L19000106624

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).

Voluntary election to dissolve the Company as specified by Operating Agreement

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

523 Weston Manor Drive

The Villages, FL 32162

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:

Chandra Louise, Mgr  
Signature

Chandra Louise, Mgr

Printed Name

**FILING FEE: \$25.00**

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