L19000142544

(Requestor's Name)				
(Address)				
,				
(Addison)				
(Address)				
		_		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
/Rus	iness Entity Nar	ma)		
(Dus	mess chary war	110)		
(Document Number)				
Certified Copies	Certificates	s of Status		
				
Special Instructions to Filing Officer:				

Office Use Only



200363233252

04/12/21--01012--005 **25.00

2021 APR 12 AM 12: 46

COVER LETTER

Registration Section

Division of Corporations

TO:

(Name of Limi	ted Liability Company)	
he enclosed Articles of Dissolution and fee(s) are submi	tted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Timothy Smith	me of Person)	
[N8	me of Person)	
YJK Solutions		
(Fi	rn/Company)	
203 Live Oak Ave.		
	(Address)	
Pensacola , Florida 32507		
(City/S	ate and Zip Code)	
for further information concerning this matter, please cal	l:	
Timothy Smith	at (850) 449-2086 (Area Code & Daytime Telephone Number	
(Name of Person)	(Area Code & Daytime Telephone Number	
inclosed 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:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
(analassec, 11, 52517	Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited tra-	bility company is		
YJK Solutions			· · · · · · · · · · · · · · · · · · ·
2. The Articles of Organizat	tion were filed on <u>5/29/2019</u>	aı	nd assigned
document number <u>L.1900</u>	0142544	-	
Note: If the date inserted i	e the dissolution if not effective date cannot be prior to or more in this block does not meet the fective date on the Department	than 90 days later than date docu applicable statutory filing requ	iment is received for filing) tirements, this date will not be
4. A description of occurren 605.0707, Florida Statutes	ice that resulted in the limites, (copy 605.0707 on back co	d liability company's dissol over letter).	ution pursuant to section
Consent of all members			
			
			921
			APR I
5. If there are no members, o	enter the name and address	of the person appointed to w	rind up the company
activities and affairs:	Timothy S. Smith Sr.		
	203 Live Oak Ave.		: 46 ATE PRIDA
	Pensacola, Florida 3250	7	
6. Signature of an authorized above to wind up the compare	d person or if there are no m ny's activities and affairs:	embers, the signature of the	person appointed and listed
linory S. Snot	h Ss.	Timothy S. Smith Sr.	
Signature		Printed Na	ıme

FILING FEE: \$25.00