

N19 000153993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

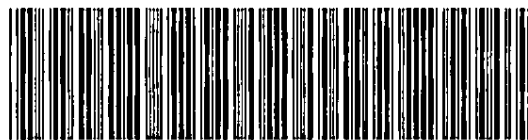
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Dissolution for claim

Office Use Only



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FILED
2022 JAN 31 PM 3:41
CLERK OF SUPERIOR COURT
JULIA A. BROWN

Dissolution

FEB 1 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jowies Transport 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:

Joey L. Fuentes Rodriguez

(Name of Person)

Owner/manager

(Firm Company)

1104 Cobblestone Ave

(Address)

Deltona FL 32725

(City/State and Zip Code)

For further information concerning this matter, please call:

Joey L. Fuentes

(Name of Person)

386

479-3002

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JAN 31 PM 3:41

FILED



RECEIVED

2022 JAN 31 PM 1:36

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FL

January 5, 2022

JOEY L FUENTES RODRIGUEZ
944 DELTONA BLVD., UNIT 5661
DELTONA, FL 32725

SUBJECT: JOWIE'S TRANSPORT, LLC
Ref. Number: L19000153993

We have received your document for JOWIE'S TRANSPORT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 422A00000261

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

1. The name of a limited liability company is

Jowies Transport LLC

2. The Articles of Organization were filed on 06/11/2019 and assigned

document number L19000153993

3. The delayed effective date the dissolution if not effective on the date of filing: 12/18/2021

(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).

On December 18, 2021 due to personal financial setbacks, I made the decision to close my LLC. I Joey L. Fuentes Rodriguez; residential address: 1104 Cobblestone Ave, Deltona FL 32725 and sole member of the LLC until the last day of operations request the dissolution of the company.

Jowies Transport LLC, document number L19000153993

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

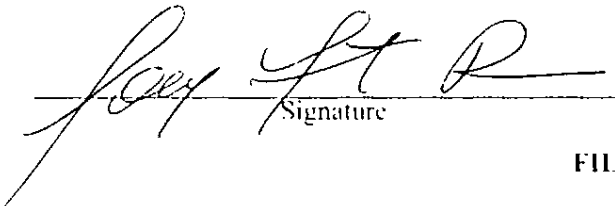
Joey L. Fuentes Rodriguez

1104 Cobblestone Ave

Deltona, FL 32725

2022 JAN 31 PM 3:41
FILED

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

Joey L. Fuentes Rodriguez
Printed Name

FILING FEE: \$25.00