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COVER LETTER

TO: Registration Section Division of Corporations			
	Jimber 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	e following:		
James E	4. Hitson		
(Name of Person)			
(Firm/Company)			
60210 Park Ridge L.			
(Address)			
Leozle Park Ridge Dr. (Address) Post Orange, Fr 32127 (City/State and Zin Code)			
(City/State	and Zip Code)		
For further information concerning this matter, please call:			
C			
Grea Hitson	_at (386) 566-742		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Produced in the defendence with			
Enclosed is a check for the following amount:			
\$\text{S25.00 Filing Fee and Certificate of Dissolution}	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	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 Hitson Land Timber LLC			
2.	The Articles of Organization were filed on			
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). Pushlss no Longle in USC in Jourdan			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: LOQUE PAYK Ridge BY. PAR DYANGE, FR 32127			
	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: James G. Hitson Printed Name P			
	FILING FEE: \$25.00			