

(Requestor's Name)							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
	isiness Entity N	ame)					
(,	······································					
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:	1 4'00					
		J. HORNE 007 - 7 2023					
		UC) - 7 2023					
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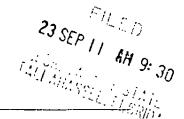
09/11/23--01007--016 **25.00



6 COVER LETTER

	of Corporations					
10 10 10 10 10 10 10 10 10	JIC Arcadia Apartments G.P. LLC					
(Name of Limited Liability Company)						
The enclosed Arti	cles of Dissolution and fee(s) are submit	ated for filing.				
Please return all o	orrespondence concerning this matter to	the following:				
	Tim Morgan					
_	(Na)	me of Person)				
ļ	Jonesboro Investments Corp.					
_	(Fin	m/Company)				
;	7160 Chagrin Road, Suite 250					
_	(Address)					
(Chagrin Falls, Ohio 44023					
-	(City/Str	ate and Zip Code)				
for further inform	nation concerning this matter, please call	:				
TimMorgan		440 247-3900				
	(Name of Person)	at () (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:				
	ation Section on of Corporations	Registration Section Division of Corporations				
P.O. Bo	ox 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 liabil JIC Arcadia Apartments G.P.			4.17.47.48.00 1.19.43.15.15.15.15.15.15.15.15.15.15.15.15.15.		
2.	The Articles of Organizatio	n were filed on 10/14/19		and assigned		
	document number 1.190002	47830	_			
3.	The delayed effective date the dissolution if not effective on the date of filing: Immediate/ASAP (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 605.0707, Florida Statutes.	that resulted in the limi (copy 605,0707 on back	ted liability company's cover letter).	dissolution pursuant to section		
	Project did not move forward,entity no longer needed.					
5.	If there are no members, en	ter the name and address Timothy M. Morgan	s of the person appointe	ed to wind up the company's		
	activates and artars.	Jonesboro InvestmenstsCorp.				
		7160 Chagrin Road,Suite 250				
		Chagrin Falls, Ohio 44023				
6. ah	Signature of an authorized pove to wind up the company	person or if there are no 's activities and affairs:	members, the signature	of the person appointed and listed		
<u></u>	Tinoshy M. Mod	acu	Timothy M. Morgan			
	Signature		Prin	ted Name		

FILING FEE: \$25.00