

L20000003152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

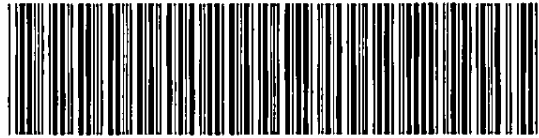
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700442584197

FILED

2025 FEB -6 AM 8:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

NOTICE

2025 FEB -6 PM 1:46

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 02/06/2025

NAME: JANE BETTY COMBS LLC

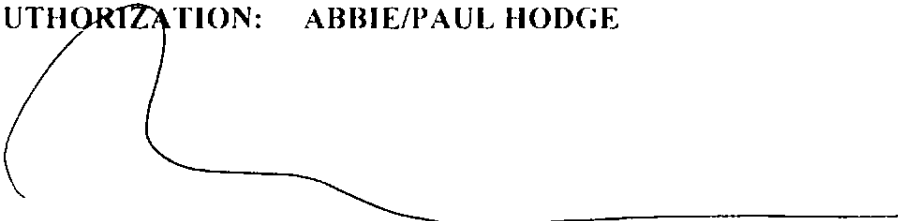
TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JANE BETTY COMBS 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:

KERRY ANNE SCHULTZ, ESQ.

(Name of Person)

SCHULTZ LAW GROUP, P.L.L.C.

(Firm/Company)

2777 GULF BREEZE PKWY.

(Address)

GULF BREEZE, FL 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

(Name of Person)

850

7541600

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2025

FLORIDA FILING & SEARCH SERVICES

SUBJECT: JANE BETTY COMBS LLC
Ref. Number: L20000003152

We have received your document for JANE BETTY COMBS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

#4 on the Articles of Dissolution must be completed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 925A00002643

Please keep original filing date
Thank you

2025 FEB 10 PM 2:17

2025 FEB 10 PM 2:17

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2025 FEB -6 AM 8:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
JANE BETTY COMBS LLC

2. The Articles of Organization were filed on 12/23/2019 and assigned
document number L20000003152

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).

Pursuant to the 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: JANE B. COMBS

6366 GROVE PARK DR.

PENSACOLA, FL 32504

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:

Jane Combs
Signature

Jane Combs
Printed Name

FILING FEE: \$25.00