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(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	_ Certificates of 3	Status	
Special Instructions to	Filing Officer:		
		l	

Office Use Only



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94/19/23--91016--002 **25.00

18

COVER LETTER

TO: Registration Section Division of Corporations			
	CKS LLC		
SUBJECT: (Name of Limit	ted Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submi	ued for filing.		
Please return all correspondence concerning this matter to	the following:		
Bryan D	(VV)		
JO STO	CKS UC		
2241 Pensace	da St #74		
Tallahazee	(Address)		
(City/State and Zip Code)			
For further information concerning this matter, please cal	l:		
(Name of Person)	at (850) 759-700 (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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	2023 APR + 9 PM 1: 30	
2.	The Articles of Organization were filed on Jone 31, 2020	and assigned	
	document number 12000 37349	00 - 11 2020 - gpm1	<u> </u>
3.	The delayed effective date the dissolution if not effective on the date of fil (effective date cannot be prior to or more than 90 days later than explicated as the document's effective date on the Department of State's records.	ate document is received for filing)	
4.	A description of occurrence that resulted in the limited liability company' 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).	s dissolution pursuant to section	
	Did not make any morey 5.	nce Componer	
	Open. Brains Apps went Banker	mpt.	
5.	If there are no members, enter the name and address of the person appoint activities and affairs:	ed to wind up the company's	
	Tallara	Domy Pensincoln ##74 Per FC 373007	
6. ab	Signature of an authorized person or if there are no members, the signatur ove to wind up the company's activities and affairs;	e of the person appointed and listed	
	Mana Da Bryon Brignature	nted Name	
	Signature	nted Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: JD STOCKS (C)
Document number of Limited Liability Company is: 12000037.3 19
Date of dissolution was: $4pr/19,707$
Description of information that must be included in a written claim:
Did not make any morning Med & distaine Creater went famerry
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1.241 Pentacola, St. # 711 Tell Makes 12, 32, 304
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Printed Name of the Person Filing Signature of the Person Piling

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00