

L20000204104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

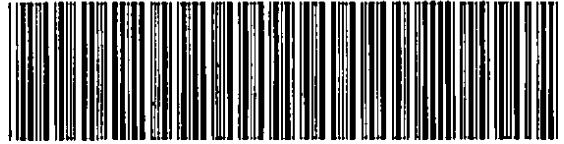
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAR 21 AM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

APR 06 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JLW Sales + Consulting 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:

John White  
(Name of Person)

JLW Sales + Consulting LLC  
(Firm/Company)

1708 Conway Isle Circle  
(Address)

Belle Isle FL 32809  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ann White at (407) 496-0680  
(Name of Person) (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

FILED

MAR 21 AM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

JLW Sales & Consulting LLC

2. The Articles of Organization were filed on 7/14/2020 and assigned

document number L20000204104

3. The delayed effective date the dissolution is 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).

Ceased consulting operations when I took  
employment with one company.

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

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]  
Signature

John L. White  
Printed Name

FILING FEE: \$25.00