# 120000362566

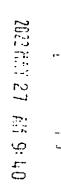
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Jimmy's (Nar	Down	TOWN	Services	LLC	
	(Nan	ne of Limited L	iability Comp	any)		
The enclosed Articles	of Dissolution and fee(s)	are submitted f	or filing.			
Please return all corres	spondence concerning thi	s matter to the	following:			
	JAM	(Name of	UR daug	٠, ٨		
	· · · · · · · · · · · · · · · · · · ·	(Name of	Person)			
		$\sim$	la			
		(Firm/Co	mpany)			
	638 E.	610	~9570r	· 57.		
		(Addi	ress)			
	ORLANdo	FL	32 80	13		
		(City/State an	d Zip Code)		,	2ί
For further informatio	n concerning this matter.	please call:				2022 HAY
JAM	(Name of Person)	gh	at (	45/-	4039	27 1:1
	(Name of Person)		(Area C	ode & Daytime Telepi	ione Number)	
Enclosed is a check for t	he following amount:				. ,	01 :6
\$25.00 Filing	Fee and Certificate of Disso	lution		g Fee. Certificate of Di Copy (additional copy i		
P.O. Box 6	n Section f Corporations		The Centre	n Section Corporations of Tallahassee onroe Street, Suite	e 810	

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The Articles of Organization	were filed on/	1/16/2020	_ and assigned
document number \( \( \mathcal{L} \) 2	0000362566	_	
The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	us block does not meet the	applicable statutory filing	document is received for filing) requirements, this date will r
A description of occurrence to 605.0707, Florida Statutes, (c	opy 605.0707 on back c	over letter).	
Consens	of A11 1	nembers to	dissolve
	- <del></del>		
			ž: 20
			2022 K.s.T 5
If there are no members, enter	er the name and address	of the person appointed	to wind up the company-s
	er the name and address	of the person appointed	to wind up the companys
	~/A		1 43
If there are no members, enter activities and affairs:	~/A	of the person appointed	1 43
	~/A		1 43
	~/A		1 43
If there are no members, enter activities and affairs:  Signature of an authorized prove to wind up the company:	~/^		9:40

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:	Jimmy's	DOWNTOWN	Services	16
Document number of Limited Liability	Company is:	12000036	2 566	
Date of dissolution was: FRIORY	MAT 20,	2022		
Description of information that must be	included in a writte	en claim:		
DATE, time And	Place OF	WORK OF	Service	
provided And	Complete	Dernil		
			<u>-</u>	
		<del></del>		
Mailing address where claims can be se	nt: (Claims cannot	be sent to the Division	of Corporations)	
638 €. Ci	V1~9550~	55		
		3		
			· · · ·	

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

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.

James Mundaugh
Printed Name of the Person Filing