

L210000 39339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

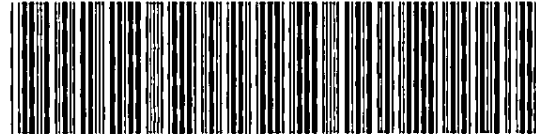
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/19/21--01004--016 **25.00

2021 AUG 19 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL

8/27/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JPM THERAPY SERVICES 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:

Julio A. Pereira

(Name of Person)

(Firm/Company)

19601 SW 117th Ave

(Address)

Miami, FL 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

Julio A. Pereira

(Name of Person)

786

at ()

3705907

(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**

2021 AUG 19 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
JPM THERAPY SERVICES LLC

2. The Articles of Organization were filed on January 20, 2021 and assigned
document number L21000039339

3. The delayed effective date the dissolution if not effective on the date of filing: 8/15/2021
(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).

I am closing my company because I began to
work for a company with w2 benefits, so I don't
need my company for now.

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

19601 SW 117th Ave

Miami, FL 33177

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

Julio A. Pereira

Printed Name

FILING FEE: \$25.00