

**L21000428510**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000409271 3)))



H210004092713AEC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV -4 PM 1:55

FILED

**LLC DISSOLUTION OR WITHDRAWAL  
J AND M FAMILY INVESTMENTS ONE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2021 NOV -4 AM 11:50

TALLAHASSEE, FLORIDA

NOV 5 2021

S. PRATHER

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

1. The name of a limited liability company is  
J and M Family Investments One, LLC

2. The Articles of Organization were filed on 09/30/2021 and assigned  
document number L21000428510

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.

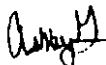
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The entity is no longer doing business in Florida.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If there are no members, enter the name and address of the person appointed to wind up the company 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

Ashley Goldsmith, Attorney-in-Fact

Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
FALL HASSEE, FLORIDA

2021 NOV -4 PM 1:55

FILED