

3/15/23, 4:04 PM

Division of Corporations  
(((H23000099468 3)))  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L21000483015**

**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.**

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To:

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

From:

Account Name : OLIVE JUDD, P.A.  
Account Number : I20200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

**LLC DISSOLUTION OR WITHDRAWAL****JET ROCKY'S POINT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: JET ROCKY'S POINT, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA SCHERER

(Name of Person)

(Firm/Company)

3951 NE 17TH AVENUE #702

(Address)

POMPANO BEACH, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

*Barbara Scherer*  
(Name of Person)

at (954) 398 4258  
(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

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

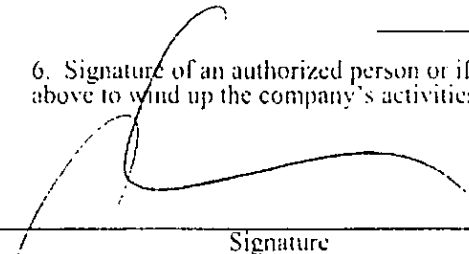
1. The name of a limited liability company is  
JET ROCKY'S POINT, LLC
2. The Articles of Organization were filed on 11/12/2021 and assigned  
document number L21000483015
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior 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).  
Approval and consent of the Members to dissolve the 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: BARBARA SCHERER

3951 NE 17TH AVENUE #702POMPANO BEACH, FL 33064

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:

  
\_\_\_\_\_  
SignatureBARBARA SCHERER\_\_\_\_\_  
Printed Name**FILING FEE: \$25.00**

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