

L21 000 499 303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

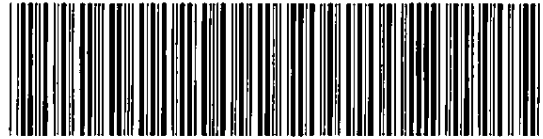
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JLF Solutions

\_\_\_\_\_  
(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:

Jennifer Lawson

\_\_\_\_\_  
(Name of Person)

JLF Solutions

\_\_\_\_\_  
(Firm/Company)

6369 SW 89th Loop

\_\_\_\_\_  
(Address)

Ocala FL 34476

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Lawson

\_\_\_\_\_  
(Name of Person)

520

403-1054

at (\_\_\_\_\_) \_\_\_\_\_

(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**

1. The name of a limited liability company is

JLF Solutions

2. The Articles of Organization were filed on November 2, 2021 and assigned

document number L21000499303

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).

Owner and manager both retiring and dissolving business

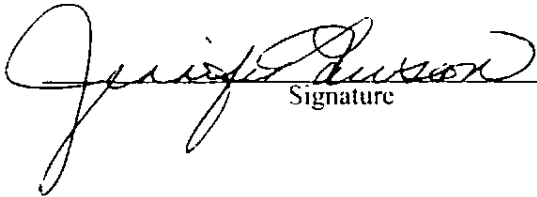
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jennifer Lawson

6369 SW 89th Loop

Ocala FL 34476

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

Jennifer Lawson

Printed Name

**FILING FEE: \$25.00**