(R	(equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #))		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
J. HORNE APR 27 2024				

Office Use Only



800427740938

04/15/24--01009--005 **25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JACK PRES 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:				
Jode Rosenblum (Name of Person)				
Oade Pees LLC (Firm/Company)				
50 Souheast 6th Street # R				
Pania Beach Florida 33004 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (910) 985 7935 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$ \$25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2024 APR 16 PH 12: 54

1.	The name of a limited liability company is OCICLE ReeS 11			
2.	The Articles of Organization were filed on $02-17-2025$	and assigned		
	document number <u>L2300087149</u>			
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 doc Note: If the date inserted in this block does not meet the applicable statutory filing requisited as the document's effective date on the Department of State's records.	04-05-2024 ument is received for filing) uirements, this date will not be		
4.	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). Buishess moved to another State			
5.	If there are no members, enter the name and address of the person appointed to	wind up the company's		
	activities and affairs: 5740 Brushy Med Fugury Varing N	idous Drive		
6. ab	Signature of an authorized person or if there are no members, the signature of the sove to wind up the company's activities and affairs:	c person appointed and listed		
	Signature Printed N	lame		

FILING FEE: \$25.00