123000	217493
(Requestor's Name) (Address) (Address)	800438044368
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	FILED 2024 NOV 22 PH 1: 00
Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE NOV 2 5 2024	2024 NOV 22 PH 3: 05 A THANK AND AND A THANK AND AND AND A THANK AND AND AND A THANK AND AND AND AND A THANK AND AND AND AND AND A THANK AND

Office Use Only

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JKP RESTAURANT INDUSTRIES LLC

Please Debit FCA00000003 For: 25

Thank you Seth Neeley

×	AQ/
Signature	

Req	uest	ed t	by:
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Name

Date

Will Pick Up

Time

Walk-In 12. Ponder's Printing - Tham is the GA ATC

 <u>_</u> _	Driving Record
	UCC 1 or 3 File

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Courier		

Art of Inc. File_____

L.C. File_____

Merger File_____

Cert. Copy_____ Photo Copy_____

Certificate of Status_____

Officer Search_____ Fictitious Search

Vehicle Search_____

Art. of Amend, File______ RA Resignation_____

Dissolution / Withdrawal

Annual Report / Reinstatement_____

Certificate of Good Standing_____

Certificate of Fictitious Name_____ Corp Record Search_____

Fictitious Owner Search

LTD Partnership File_____ Foreign Corp. File_____

Fictitious Name File_____ Trade/Service Mark_____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

Т

FILED

2024 NOY 22 PH 1:00

1.	The name of a limited liability company	is
	JKP RESTAURANT INDUSTRIES LLC	

05/02/2023 2. The Articles of Organization were filed on and assigned

1 2 2 2

document number _L23000217493

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). 100% OF THE MEMBERS AGREED TO A COMPLETE DISSOLUTION.

100% OF THE MEMBERS AGREED TO A COMPLETE DISSOLUTION.

100% OF THE MEMBERS AGREED TO A COMPLETE DISSOLUTION.

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

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

PIECARCHIC, NOSE

Printed Name