123000389074

(Re	questor's Name)	
(Ad	dress)	
(Ac	ldress)	
(· · ·	,	
(0)	10	-
(Cit	ty/State/Zip/Phone #	‡)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
	·	
(Do	ocument Number)	
(50	outhern reamber,	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
·	•	
١.,	100010	
	mils	
<u> </u>	/1 · // // // // // // // // // // // // /	





200426533502

04/08/24--01011--022 **25.00

2024 APR -8 PM 5: 28



COVER LETTER

Division of Corporations				
SUBJECT: Jovens General	Home Repair LLC.			
(Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.			
Please return all correspondence concerning this matter to th	e following:			
	-			
Trent Javens (Name of Person)				
(Name of Person)				
Javens General Home repair (Firm/Company)				
(Firm/Company)				
171 Wt Hullon 12 C	JESTVIEW FL 31539			
171 Wt Hulion 12 Crestiew FL 32539 (Address)				
Crestulew Florida 32539 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Trent Javens	at (774) 359 - 9314 (Area Code & Daytime Telephone Number)			
(Name of Person)	(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

ì.	The name of a limited liability company is
	Javens General Home Repair LLC.
2.	The Articles of Organization were filed on August 18, 2023 and assigned
	document number L_23000 389074
3.	The delayed effective date the dissolution if not effective on the date of filing: 8/31/33 (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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	NOT Available None NO Occurrace happened
5	If there are no members, enter the name and address of the person appointed to wind up the company's
٦.	activities and affairs: Trant Javens
	activities and affairs: Trent Javens 171 Wt Hulion Rd Crestuew: 8
	Flor/1da 32539
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
_	Signature Trent Javens Printed Name
	Signature Printed Name

FILING FEE: \$25.00