

L23000 442137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

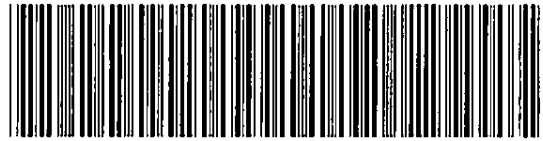
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300445986693

03/07/25--01024--017 \*\*25.00

2025 MAR -7 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JR1 Enterprises 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:

John Retherford

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

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

PO Box 839

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

Loughman, FL 33858-0939

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

2008 MAR -7 PM 2:53  
SECRETARY  
TALLAHASSEE

For further information concerning this matter, please call:

John Retherford

914

497-7081

at (

\_\_\_\_\_  
(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**

1. The name of a limited liability company is

JR1 Enterprises LLC

2. The Articles of Organization were filed on 09/22/2023 and assigned

document number L23000442137

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2024  
(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).

Not meeting income/sales requirements to remain in business

Not meeting income/sales requirements to remain in business

Not meeting income/sales requirements to remain in business

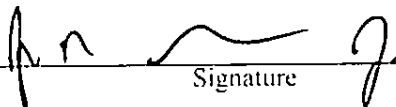
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

John Retherford

PO Box 839

Loughman, FL 33858-0839

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

John R Retherford Jr  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: JR1 Enterprises LLC

Document number of Limited Liability Company is: L23000442137

Date of dissolution was: 12/31/2024

Description of information that must be included in a written claim:

Name, address, phone number, business name, if any, amount, reason for claim

---

---

---

---

---

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PO Box 839

Loughman, FL 33858

---

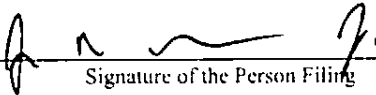
---

---

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

John R Retherford Jr

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**