L23000458158

Special Instructions to Filing Officer						
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
SURII	JUNJUN HOME IMPROVEMENT, LLC					
SUBJECT: (Name of Limited Liability Company)						
	closed Articles of Dissolution and fee(s) are submit	-				
Piease	return all correspondence concerning this matter to	the following:				
	DOUGLAS PILE, ESQ.					
	(Na	me of Person)				
	(Firm/Company)					
	1205 MARIPOSA AVENUE, UNIT 420					
	(Address)					
	CORAL GABLES, FL 33146					
	(City/St	ate and Zip Code)				
For fur	ther information concerning this matter, please call	:				
	DOUGLAS PILE, ESQ.	239 826-6059 at ()				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed 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:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Tallahassee, FL 32314		Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ŀ.	The name of a limited liability company is				
	JUNJUN HOME IMPROVEMENT, LLC				
2.	The Articles of Organization were filed on $\frac{10/04/2023}{}$ and assigned				
	document number 1.23000458158				
3.	The delayed effective date the dissolution if not effective on the date of filing: teffective 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).				
	Ass. 29				
	TO THE COLUMN TWO THE				
	Mutual agreement between Authorized Members to dissolve the LLC.				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: RUBEN PEREZ				
	P.D. SOX 791798				
	P.D. Sor 791798 Davie, FC 33329				
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and liste ove to wind up the company's activities and affairs:				
	DOUGLAS PILE, ESQ.				
	Signature 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:	N1, LLC 	
Document number of Limited Liability Company is: 1.23000458158		
Date of dissolution was: 10/23/2024		
Description of information that must be included in a written claim:		3
Claimant must provide contact information, to include: name, address, pho	one number, and email.	2024 O
Claimant must provide details related to the claim, to include: dates, times	, location, persons, and ar	nount;
Claimant must provide a narrative about the claim.		
Claimant must provide documentation sufficient to establish a claim.		
		हात क
P.O. BOX 291798, DAVIE, FL 33329		
A claim against the above named limited liability company will be claim is commenced within 4 years after the filing of this notice.	barred unless a proceed	ing to enforce the
DOUGLAS PILE, ESQ.		-
Printed Name of the Person Filing	Signature of the Person	n Filing

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