

24000 201 217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

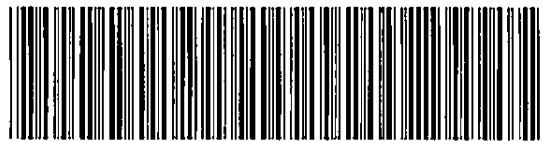
(Business Entity Name)

(Document Number)

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

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24 APR 26 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Exhale Jax Post 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:

Emily Roberts

(Name of Person)

(Firm Company)

1732 San Marco Blvd Apt 3

(Address)

Jacksonville FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Roberts

(Name of Person)

201

232 1853

at ( )

(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

Exhale Jax Post LLC

2. The Articles of Organization were filed on 1 / 16 / 2024 and assigned

document number L24000031284

3. The delayed effective date the dissolution if not effective on the date of filing: 4 / 22 / 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).

I established this LLC to manage an investment property, however I received better financial, tax and LLC advice

about this topic after creating the LLC. As a result of this additional information I do not plan to use this LLC.

There has been zero activity - financial or otherwise - into this LLC since creating it.

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

Emily Roberts

1732 San Marco Blvd Apt 3

Jacksonville FL 32207

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24 APR 24 PM 4:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

Emily Roberts

Signature

Emily Roberts

Printed Name

**FILING FEE: \$25.00**