L240000046410

(R	equestor's Name)
(Ac	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bo	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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COVER LETTER

	COVERE	CITBIC:
TO:	Registration Section Division of Corporations	•
SUBJE	ECT: Jovely birds UC (Name of Limited Li	ibility Company)
The enc	closed Articles of Dissolution and fee(s) are submitted for	r tiling.
Please r	return all correspondence concerning this matter to the fo	ollowing:
	<u>terest Jagveline G</u> (Name of I	ablon Person)
	(Name of) (Name of) (Name of) (Name of)	
	(Addre	551
	11007 Nw 15T5T. (Address (Address	33/72 E
For furt	ther information concerning this matter, please call:	
	Totesa J. Gables (Name of Person)	at (786-) 315-3458. (Area Code & Daytime Telephone Number)
Enclosed	d is a check for the following amount:	
. ∇	\$25.00 Filing Fee and Certificate of Dissolution	355.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The	name of a limited liability of				
. The	Articles of Organization we	re filed on	124/24	and ass	igned
doe	ument number <u>L 240</u> 1	000 46410			
<u>No</u>	delayed effective date the d (effective date te: If the date inserted in this b ed as the document's effective	cannot be prior to or m dock does not meet th	ore than 90 days later the ne applicable statutor	han date document is y filing requiremen	
. A do 605.	escription of occurrence that 0707, Florida Statutes, (copy I work to Oart Start	v 605.0707 on back	ted liability compa cover letter). <u>He Ampa</u> <u>He New</u>	ny beeau	ise t
	I want	the disse	lution o	of the l	mpany.
					N. F.
	ere are no members, enter the vities and affairs:	ne name and addres	s of the person app	ointed to wind up	the company's
					m —
	_				
. Sigr	ature of an authorized perso o wind up the company's ac	on or if there are no	members, the signa	ature of the perso	n appointed and lis