

L980000000895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jerue Kirchen Campano, LC
(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 Mann

(Name of Person)

Law Office of John L. Mann

(Firm/Company)

500 South Florida Ave, Suite 300

(Address)

Lakeland, FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

John

(Name of Person)

at (863) 6/83.1358

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Jerue Kirchen Campano, LC

2. The Articles of Organization were filed on 06/26/98 and assigned

document number L98000000895

3. The delayed effective date the dissolution if not effective on the date of filing: November 30, 2015
(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).

Consent of all of the members

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

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

E. Luis Campano

Printed Name

FILING FEE: \$25.00

15 NOV 25 PM 12:28
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: Jerue Kirchen Campano, LC

Document number of Limited Liability Company is: L98000000895

Date of dissolution was: November 30, 2015

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

nature of the claim and documentary evidence of the existence of the claim

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

E. Luis Campano, Manager

JKC

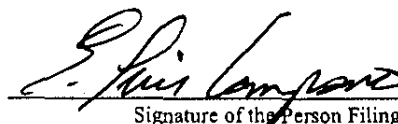
PO Box 33080

Lakeland, FL 33807

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.

E. Luis Campano

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

15 NOV 25 PM 12:28
DIVISION OF STATE
CORPORATIONS, FLORIDA

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