

L98 00000 3360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

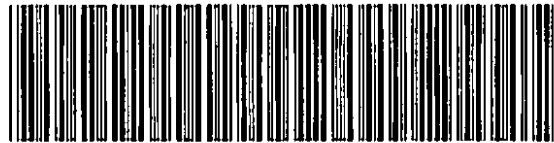
(Business Entity Name)

(Document Number)

Certified Copies / Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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FEB 10 2021

2020 FEB 22 PM 3:43

*Noted
off
Assessment*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAX PROPERTIES, LLC _____

DOCUMENT NUMBER: 198000003360 _____

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M Jackson

(Name of Contact Person)

(Firm/Company)

410 Harris Road

(Address)

Bedford Hills, NY 10507

(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Jackson

914

419-5199

at (_____) _____

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & 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

Notice of Limited Liability Company Dissolution

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: JAX PROPERTIES, LLC

Document number of Limited Liability Company is: L98000003360

Date of dissolution was: 11/06/2020

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

Full name, address and telephone number of claimant:

Amount of claim in US Dollars:

Detailed description of basis of the claim

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

Richard M. Jackson, Jr.

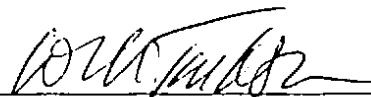
PO Box 522

Dorset, VT 05251

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.

William M Jackson

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

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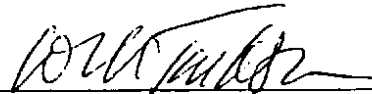
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