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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BARNETT, BOLT, KIRKWOOD, LONG &

Account Number: 072731001155

Phone

: (813)253-2020

Fax Number

: (813)251~6711

LLC DISSOLUTION OR WITHDRAWAL JTG INTERNATIONAL, L.L.C.

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2014 SEP -3 AN 9:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION FOR JTG INTERNATIONAL, L.L.C., A FLORIDA LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is: <u>JTG INTERNATIONAL, L.L.C.</u>
- 2. The Articles of Organization were filed on <u>June 22</u>, 1999 and assigned document number <u>L99000003655</u>.
- 3. The delayed effective date of the dissolution if not effective on the date of filing: N/A
- 4. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 605,0707, Florida Statutes: the written consent of the sole member in favor of dissolution and termination of the company.
- 5. If there are no members, 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:

TO INTERNATIONAL, L.

John T. Gannon, Sole Membe

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: JTG International, L.L.C. | |
|---|-----|
| Document number of Limited Liability Company is: L9900003655 | |
| Date of dissolution was: September 3_, 2014 | |
| Description of information that must be included in a written claim: | |
| Name and address of claimant, description of services/ product | |
| provided, including the date provided and amount of claim. | |
| | |
| SEP | II' |
| 200 L | |
| Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corporations) | |
| c/o John T. Gannon | |
| 777 South Flagler Drive | |
| Suite 136E | |
| West Palm Beach, FL 33401 | |
| A claim against the above named limited lightlifu company will be haved unless a proceeding to enforce the claim is | |

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.

John T. Gannon

Printed Name of the Person Filing

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