

111000004795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

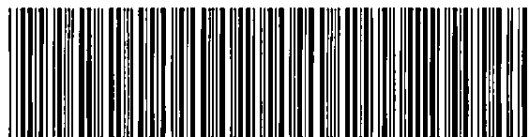
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800426212608

03/20/24--01017--002 **25.00

RECEIVED
STATE
TALLAHASSEE, FL
MARCH 20 AM 5:24

RECEIVED
1/20/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBM MANAGEMENT SERIES, LLC, 505 OCEAN SERIES

(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.

Gerald Gluszek

(Name of Person)

(Firm/Company)

7401 SUNSET

(Address)

COUNTRYSIDE, IL 60525

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Gluszek

708

352-7692

(Name of Person)

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JBM Management Series, LLC
(Name of limited liability company)

Illinois LLC
(Jurisdiction of its organization)

9/21/2011
(Date registered with Florida Department of State)

M11000004795
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.

Gerald R. Gluszek TREC
(Signature of authorized representative)

CLERK OF STATE
TALLAHASSEE, FL
9/21/11 AM 5:24

GERALD R. GLUSZEK TREC
(Typed or printed name of signee)

Filing Fee: \$25.00