116000/42811

(Req	uestor's Name)					
(Add	ress)					
(Add	ress)					
(City	State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						





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12/03/18--01023--014 ++25.00



1917/18 OS

COVER LETTER

TO:

Registration Section Division of Corporations

JOHN M QUICK LLC

SUBJECT:

(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 M. Quick

(Name of Person)

JOHN M QUICK LLC

(Firm/Company)

1012 N Ocean Blvd #901

(Address)

Pompano Beach, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

John M. Quick

(Name of Person)

(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 liabili JOHN M QUICK LLC	ty company is			
2.	The Articles of Organization	were filed on July 29	9, 2016	and assigned	
	document number L1600014	2811	-		
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date.	is block does not meet	the applicable statutory filing	e document is receive	a rat time)
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the line opy 605.0707 on bac	mited liability company's dek cover letter).	dissolution pursua	ant to section
	The sole member consents to th	e dissolution of the LLC	C. LLC activities have ceased	l	
				ASS.	F - 3
				The state of the s	U
5.	If there are no members, enter	er the name and addre	ess of the person appointed	to wind up the x	ompan s
-	activities and affairs:		N Ocean Blvd #901, Pompan		<u></u>
					
6. lis	Signature of an authorized posted above to wind up the com	erson or if there are n pany's activities and	to members, the signature of affairs:	of the person appo	ointed and
	John M 21	iele	John M. Quick		
	// Sionafure		Printe	d Name	

FILING FEE: \$25.00