## LOS00011829

(Re	equestor's Name)	
(Address)		<u> </u>
(Address)		
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Ви	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500281967365

02/16/16--01028--023 \*\*25.00

16 MAR 24 AM 10: 27

MAR 2 5 2016

Y SULKER

February 12, 2016

Department of State **Division of Corporations Corporate Filings** P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

In reference to L05000011829 John Shaw Masonry, LLC, Mr. John Shaw is deceased and the license will not be renewed. He was disabled for most all of 2015 and passed away Jan.13, 2016. If there is something else I must do please let me know. Thank you for your help in this matter.

Sincerely,

Lesa Shaw

2555 N. East Chilton Road

Avon Park, Fl. 33825

Copy sent to Enclosed check for filing fees. \$2500

## **COVER LETTER**

Division of Corporations		
SUBJECT: JOHN SHAW MASONRY, LLO	C	
· · · · · · · · · · · · · · · · · · ·	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Termination and fe	e(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
LESA SHAW		
Name of Person		
HOME		
Firm/Company		
2555 N. E. CHILTON ROAD		
Address		
AVON PARK, FL 33825		
City/State and Zip Code		
colonelsmommy@aol.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter	, please call:	
Lesa Shaw	at (863 ) 3682304	
Name of Person	Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee Florida 32314	

CR2E141 (2/14)

Tallahassee, Florida 32301

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:  FIRST: The name of the limited liability company is:
SECOND: The Florida Document number of the limited liability company is: L05000011829
THIRD: The date of filing of the initial articles of organization is:
FOURTH: The date of filing of the dissolution is: 02/12/2016
FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.
Signature of Authorized Representative Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (2/14)