

LO7 000000 2910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

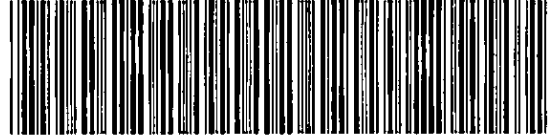
(Document Number)

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03/13/20--01005--003 \*\*11.35

C. m.

20 MAR 16 PM 1:23

MAR 19 2020  
C. McKEAR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dissolution of JOHN C. MONICA LLC  
(Name of Limited Liability Company)

20 MAR 16 PM 1:23

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. MONICA

(Name of Person)

JOHN C. MONICA LLC

(Firm/Company)

213 CARINA DRIVE

(Address)

JUPITER, FL 33478

(City/State and Zip Code)

For further information concerning this matter, please call:

John C. MONICA

(Name of Person)

at ( 561 ) 406 6438

(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

\$25 - Total  
\$55 -  
80.00 -  
- 43.75 - previously paid (see attached)  
\$36.25 - owed - check enclosed

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

20 MAR 16 PM 1:23  
STATE OF FLORIDA  
DEPARTMENT OF STATE

1. The name of a limited liability company is

JOHN C MONICA LLC

2. The Articles of Organization were filed on January 8, 2007 and assigned  
document number L07000002910

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for 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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Ceased doing business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

John C. MONICA

213 CARINA DRIVE

JUPITER, FL 33478

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:

  
Signature

JOHN C. MONICA  
Printed Name

FILING FEE: \$25.00