

L070000045722

(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



500268711405

02/03/15--01013--010 **25.00

FILED

2015 FEB -3 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 11 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Russell Johns Associates, LLC

(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:

Gary N. Strohauer

(Name of Person)

Strohauer & Mannion, P.A.

(Firm/Company)

1150 Cleveland Street, Suite 300

(Address)

Clearwater, FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary N. Strohauer

(Name of Person)

at (727 461-6100)

(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

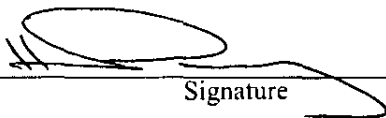
STREET/COURIER ADDRESS:

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 liability company is
Russell Johns Associates, LLC
2. The Articles of Organization were filed on May 1, 2007 and assigned
document number L07000045722
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)
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).
The entity has ceased doing business and has liquidated all of its assets.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Heloise Povey
Cedar Resources, LLC
P.O. Box 835
Indian Rocks Beach, FL 33785
6. Signature of an authorized person or if there are no members, the signature of the person appointed
listed above to wind up the company's activities and affairs:


Signature

Heloise Povey
Printed Name

FILING FEE: \$25.00

2018 FEB -3 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED