

LD8000052887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

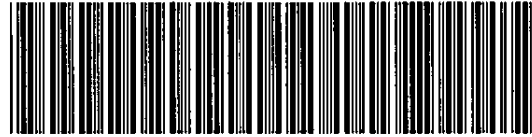
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2014 MAR -6 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johanne Clement 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:

Johanne Clement

(Name of Person)

Johanne Clement LLC

(Firm/Company)

1 Villa Ct

(Address)

Safety Harbor, FL 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

Johanne Clement

(Name of Person)

at 727 798-6689

(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)

*↓
already paid
fee letter attached*

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2014

JOHANNE CLEMENT
1 VILLA CT
SAFETY HARBOR, FL 34695

SUBJECT: JOHANNE CLEMENT, LLC
Ref. Number: L08000052887

We have received your document for JOHANNE CLEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 214A00000766



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2014

JOHANNA CLEMENT
1 VILLA CT
SAFETY HARBOR, FL 34695

SUBJECT: JOHANNE CLEMENT, LLC
Ref. Number: L08000052887

We have received your document for JOHANNE CLEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

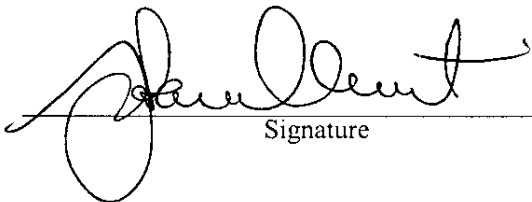
Letter Number: 714A00003452

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Johanne Clement LLC
2. The Articles of Organization were filed on 05/28/2008 and assigned
document number L08000052887
3. The delayed effective date the dissolution if not effective on the date of filing: 03/15/2014
(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).
Decide to dissolve the business to pursue new business opportunity
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Johanne Clement

1 Villa Ct

Safety Harbor, FI 34695
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

Johanne Clement

Printed Name

FILING FEE: \$25.00

the last tax return for this LLC
will be 2013. je

2014 MAR -6 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED