

L08000053070

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(Address)

(Address)

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15 MAY 21 PM 4:40
FBI - BOSTON

M. MILLIGAN
EXAMINER

JUN - 2 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2015

LENA JOHNSON DDS, LLC
50 WINDSORMERE WAY, STE. 1020
OVIEDO, FL 32765

SUBJECT: LENA JOHNSON DDS, LLC
Ref. Number: L08000055070

RECEIVED
15 MAY 26 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LENA JOHNSON DDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please find enclosed the proper form(s) to voluntarily dissolve the limited liability company. The fee to file the Voluntary Dissolution is \$25.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 115A00009076

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Lena Johnson DDS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lena Johnson

Name of Person

Lena Johnson DDS, LLC

Firm/Company

50 Windsormere Way, Suite 1020

Address

Oviedo, FL 32765

City/State and Zip Code

lena.johnsondds@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(407) 365-7482

Lena Johnson

Name of Person

at (407) 314-3678

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

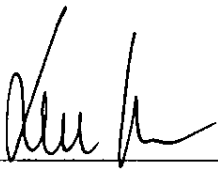
FIRST: The name of the limited liability company is: Lena Johnson DDS, LLC

SECOND: The Florida Document number of the limited liability company is: L 08 00 00 55 070

THIRD: The date of filing of the initial articles of organization is: ~~04/15/2015~~ 06/03/2008

FOURTH: The date of filing of the dissolution is: 04/14/2015

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

Lena Johnson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
15 MAY 21 PM 4:40
CLERK OF CIRCUIT COURT
JANET A. HARRIS, CLERK
TALLAHASSEE, FLORIDA