

L08000055070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

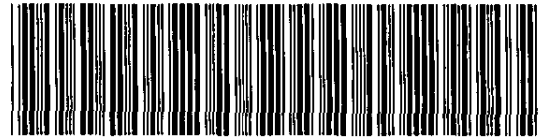
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FILED
15 MAY 21 PM 4:40
PROBATE DEPT
CLERK'S OFFICE
JANUARY 2015

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

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

TO: Registration Section
Division of Corporations

SUBJECT: Lena Johnson DDS, 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:

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)

For further information concerning this matter, please call:

Lena Johnson at (407) 365-7482
(Name of Person) (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

FILED
15 MAY 21 PM 4:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Lena Johnson DDS, LLC

2. The Articles of Organization were filed on June 3, 2008 and assigned

document number L 08 00 00 55 070

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).

converted to Sole Proprietor

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

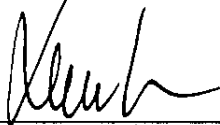
Lena Johnson

50 Windsormere Way

Suite 1020

Oviedo, FL 32765

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

Lena Johnson

Printed Name

FILING FEE: \$25.00