L08000104544

(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:			
- بر	Same Office Use Only			



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12/29/14--01010--001 **25.00

2014 DEC 29 A ID: 48

B. BOSTICK JAN - **9** 2015

EVAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

John's Notary Service, 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:

John H. Shuster

(Name of Person)

2728 Anchor Rd

Middleburg, FI 32068

(City/State and Zip Code)

For further information concerning this matter, please call:

John H. Shuster

__904

282-3254

(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

1.	1. The name of a limited liability company is John's Notary Service, LLC				
2.	2. The Articles of Organization were filed on Nov. 7, 2008 and assigned document number L08000104544				
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/31/14				
4.	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). Business Closed				
5.	If there are no members, entractivities and affairs:	er the name and address of the person appointed to wind John H. Shuster	up the company's		
2728 Anchor Rd					
		Middleburg, fl 32068			
6. ab	Signature of an authorized pove to wind up the company'	person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if the person of the person or if the person or if the person of the person or if the person of the person or if the person of	rson appointed and listed		
	Signature	Printed Name			
<i>)</i>	d & Slusta	John H. SHU	STER		
FILING FEE: \$25.00					

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