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COVER LETTER

TO:

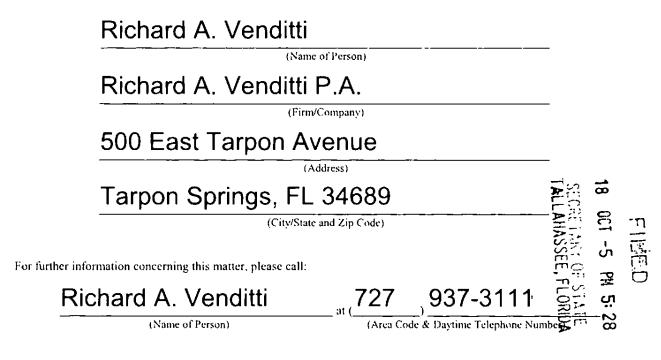
Registration Section Division of Corporations

Johns Road Center 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:



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

۱.	The name of a limited liab Johns Road Center LLC	ility company is		<u></u> .			
2.	The Articles of Organization	on were filed on No	ovember 18, 2008	and assigned			
	document number L08000	107274					
3.	Note: If the date inserted in	late the dissolution if not effective on the date of filing: September 1, 2018 ective date cannot be prior to or more than 90 days later than date document is received for filing) d in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.					
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the (copy 605.0707 or	ne limited liability company's a back cover letter).	dissolution pursuant to section			
	The LLC is no longer requir	red to operate one	of the seven structures located	i at Johns Road Center			
	in Tampa, Florida. Also, the	e primary participar	nt in the limited liability compa	ny is no longer			
	utilizing this entity and has	established a sepa	rate and distinct limited liability	y company. This LLC has			
	no assets.						
5.	If there are no members, er activities and affairs:	william J. Coop	ddress of the person appointed	d to wind up the company's			
		6001 Johns Roa	ad				
		Suite 112					
		Tampa, Florida	33634				
6. lis	Signature of an authorized ted above to wind up the co	person or if there a impany's activities	are no members, the signature and affairs:	of the person appointed and			
	السهم	Casa	William J. Cooper	AKY SSE	Ę Ę		
	Signatur		Printe	ed Name □□□ ⊋	ا. ر		
		FIL	ING FEE: \$25.00	STATE STATE LORIDA	•		