

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joan Fleischman, 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:

Joan N. Fleischman

(Name of Person)

Joan Fleischman, LLC

(Firm/Company)

10 Edgewater Drive, Tower I, 8-H

(Address)

Coral Gables, Florida 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Joan N. Fleischman

(Name of Person)

305

904-4466

at ()

(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB -2 PM 1:42

FILED

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. The name of a limited liability company is
Joan Fleischman, LLC
2. The Articles of Organization were filed on 1/20/2009 and assigned
document number L09000006278
3. The delayed effective date the dissolution if not effective on the date of filing: date of filing
(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).
Dissolution was voluntary pursuant to Florida Statute 608.441 (1)(b) and in
compliance with the Operating Agreement of Joan Fleischman LLC at the sole
discretion of the President and sole member of the LLC Joan N. Fleischman
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Joan N. Fleischman
10 Edgewater Dr. Tower I, 8-H
Coral Gables, Florida 33133
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:

Joan N. Fleischman
Signature

Joan N. Fleischman
Printed Name

FILING FEE: \$25.00

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2015 JAN -2 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Joan Fleischman LLC

Document number of Limited Liability Company is: L09000006278

Date of dissolution was: date of filing

Description of information that must be included in a written claim:

Type of claim, documentation of claim, date claim commenced, person(s) in privity with

Joan Fleischman or Joan Fleischman, LLC

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Joan N. Fleischman

10 Edgewater Dr. Tower I, 8-H

Coral Gables, FL 33133

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Joan N. Fleischman

Printed Name of the Person Filing

Joan N. Fleischman
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00