L09100055694

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
٠			

Office Use Only



000240193820

10/01/12--01053--011 **30.00

12 OCT 12 AM 9: 38
SECRETARY OF STATE
TALL ANASSES, FLOSIO

D. BRUCE

OCT 15 2012

EXAMINER



Division of Corporations

October 2, 2012

THOMAS J. JOHNS P.O. BOX 1407 BRANDON, FL 33509-1407

SUBJECT: DUTCH IRIS, LLC Ref. Number: L09000055694

We have received your document for DUTCH IRIS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00024426

SECRETARY OF STATE

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dutch Iris, 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:		
Thomas J. Johns		
(Name of Person)		
Dutch Iris, LLC		
(Firm/Company)	TAS T	
P.O. Box 1407	2 OCT 12 SECRETAR ALLADASS	Ž
(Address)	HASE T	<u> </u>
Brandon, FL 33509-1407	SEE, I	,
(City/State and Zip Code)	<u> </u>	•
For further information concerning this matter, please call:	ALC ORIGA))
Thomas Johns at (813) 310-8337 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Second Filing Fee & Certificate of Status Certificate of Status	us &	

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

L09000055694	09/09 and assigned document number
<u>.</u>	1/1/2012
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back Entity is no longer needed.	imited liability company's dissolution pursuant to section cover letter).
	TAS 3
	C OC
5. CHECK ONE:	Y OF A
-OR-	he limited liability company have been paid or discharged. 4. the debts, obligations and liabilities pursuant to s. 608 4421.
All remaining property and assets have been disti rights and interests.	ributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the co	ompany in any court.
	he satisfaction of any judgment, order or decree which may be
matures of the members having the same percentage	e of membership interests necessary to approve the dissolution:
Signature	Printed Name
	Thomas J. Johns
George C. Johns	George E. Johns