

LO9000059224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

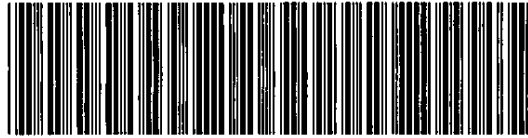
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TALLAHASSEE, FLORIDA  
16 JUN 29 AM 8:30

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TALLAHASSEE, FLORIDA  
16 JUL -8 AM 11:39

JUL 11 2016  
S. YOUNG

# M. Meredith Kirste, P.A.

ATTORNEY AT LAW

7928 U.S. Highway 441, Suite 3  
LEESBURG, FL 34788-8206

M. MEREDITH KIRSTE

TELEPHONE  
(352) 326-3455

FAX  
(352) 365-0055

June 20, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA  
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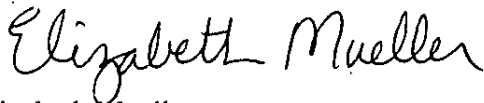
RE: Revocation of Dissolution for Tim Johnson Consulting Services, LLC

To Whom It May Concern:

Enclosed please find a cover letter, Statement of Revocation of Dissolution for Tim Johnson Consulting Services, LLC, a copy of the Statement of Revocation of Dissolution, and a check for \$130.00 made out to Florida Department of State. The check covers the Filing Fee and a certified copy. A copy of the Revocation is included for certifying and a copy of the Articles of Dissolution is included. I have also enclosed a self-addressed, postage paid envelope so that the certified copy can be returned to our office.

If you have any questions regarding this matter, please contact me.

Sincerely yours,



Elizabeth Mueller  
Secretary to M. Meredith Kirste

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TIM JOHNSON CONSULTING SERVICES, LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BETH MUELLER

Contact Person

M. MEREDITH KIRSTE, P.A.

Firm/Company

7928 U.S. HIGHWAY 441, SUITE 3

Address

LEESBURG, FL 34788

City, State and Zip Code

mmkirste@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETH MUELLER

Name of Contact Person

at ( 352 )

Area Code

326-3455

Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

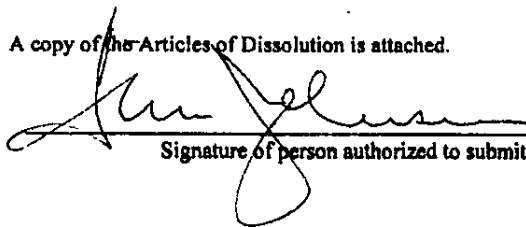
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 29 AM 8:30

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: TIM JOHNSON CONSULTING SERVICES, LLC
2. The document number of the company is L09000059224
3. The effective date the Dissolution was filed is APRIL 13, 2016
4. The revocation of dissolution was authorized on JUNE 15, 2016
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

16 JUN 29 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
**Apr 13, 2016**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

**TIM JOHNSON CONSULTING SERVICES, LLC.**

The document number of the limited liability company: **L09000059224**

The file date of the articles of organization: **June 17, 2009**

A description of occurrence that resulted in the limited liability company's dissolution:

**MANAGING MEMBER IS CHOOSING TO DISSOLVE LLC. NO LONGER IN BUSINESS AND NO LONGER PROVIDING SERVICES.**

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **TIMOTHY L JOHNSON**

Electronic Signature of authorized person

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**16 JUN 29 AM 8:30**