

L11000023367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

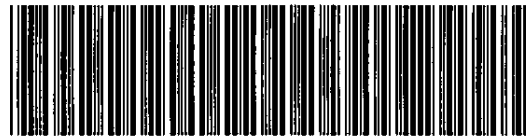
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2014 FEB 10 AM 5:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

This is verify my intent to dissolve Jonik Products LLC

Enclosed is the check for the fees. Kindly let me know if there's any further information that you may require.

Sincerely,



Paula Howland

305-444-6670

2014 FEB 10 AM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONIK PRODUCTS
(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:

PAULA HOWLAND
(Name of Person)

JONIK PRODUCTS LLC
(Firm/Company)

2601 AHAMBA CIRCLE
(Address)

CORAL GABLES, FL. 33134
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 10 AM 5:56

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For further information concerning this matter, please call:

PAULA HOWLAND at 305, 444 6670
(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. The name of a limited liability company is

JONIK PRODUCTS LLC

2. The Articles of Organization were filed on 2/24/2011 and assigned
document number L11000023367

3. The delayed effective date the dissolution if not effective on the date of filing: 12/23/13

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).

FAILURE TO THRIVE

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: PAULA HOWLAND

2014 FEB 10 AM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

Signature

Printed Name

Paula Howland

PAULA HOWLAND

FILING FEE: \$25.00