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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.
Account Number : I20040000173
Phone : (407)298-4646
Fax Number : (407)297-0588RECEIVED
2017 JAN 17 PM 4:25
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDALLC DISSOLUTION OR WITHDRAWAL
JOANIES CORNER STORE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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JAN 18 2017

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FAX AUDIT # H 170000 145573

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: Joanies Corner Store 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:

James K. Duerr, CPA

(Name of Person)

Small Business Resources USA, Inc.

(Firm/Company)

1601 Park Center Dr., Ste. 6A

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

James K. Duerr, CPA

(Name of Person)

at 407 298-4646

(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:

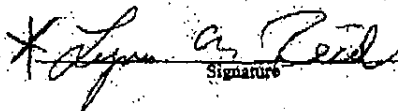
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FAX AUDIT # H 170000 145573

FAX OUT # H 170000145573

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Joanica Carter Store LLC
2. The Articles of Organization were filed on October 4, 2011 and assigned
document number 111000113533
3. The delayed effective date the dissolution is not effective on the date of filing: Immediately
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
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).
Pursuant to Florida Statute 605.070(1)-(3), the Limited Liability Company is being dissolved as a result of
the death of its sole member.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Lynn A. Reid, Personal Representative
723 Mellowood Ave.
Orlando, FL 32825
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:


SignatureLynn A. Reid, Personal Representative
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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