L12000001440

(Requestor's Nar	me)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certific	cates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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03/24/14--01031--008 **25.00

14 MAR 24 PH 2: 12

C. LEWIS MAR 2 6 20H EXAMINER

COVER LETTER

TO:

TO:		ation Section n of Corporations					
SUBJECT: TOJ Holdings, LLC							
(Name of Limited Liability Company)							
The er	nclosed Ar	ticles of Dissolution and fee(s) are submitted	d for filing.				
Please	return all	correspondence concerning this matter to th	e following:				
		Thomas O.	Johnson				
	Thomas O. Johnson (Name of Person)						
		(Firm/	Company)				
	10475 Ganly BlvJ N Unit 3316 (Address)						
		(Ac	ddress)				
	St. Peters burg. FC 33702 (City/State and Zip Code)						
	(City/State and Zip Code)						
For fu	rther infor	mation concerning this matter, please call:					
		Thomas O. Johnson	at (727) 466-8490				
	-	Thomas O. Johnson (Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed is a chec	k for the following amount:					
7	< \$25.00 F	Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
		MAILING ADDRESS:	STREET/COURIER ADDRESS:				
		Registration Section Division of Corporations	Registration Section				
		P.O. Box 6327	Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

APPRUVEL A**N**D FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

14 MAR 24 PM 2: 12 SECRETARY OF STATE TALL AHASSEE, FI CRID.

1. The name of a limited liabil	ity company is			an and soft all
	TOJ Holdings	LLC		
2. The Articles of Organizatio	n were filed on	01/04/2012	a	nd assigned
document number	200001440	<u> </u>		
3. The delayed effective date t	he dissolution if not date cannot be prior to o	effective on the date or more than 90 days later t	of filing: _ han date doc	ment is received for filing)
 A description of occurrence 605.0707, Florida Statutes, (that resulted in the copy 605.0707 on b	limited liability compa ack cover letter).	any's disso	lution pursuant to section
All members ha	ne given volunt	tory consent to c	dissolve.	
5. If there are no members, en	ter the name and add	dress of the person app	oointed to v	vind up the company's
	Thor	nas 6. Johnson		
	104	75 Gardy Blv	9 N ()nit 3316
	<u> </u>	Petersburg, FC	337) <u>Z</u>
Signature of an authorized plisted above to wind up the cor	person or if there are npany's activities ar	no members, the sign ad affairs:	ature of th	e person appointed and
Hod		TI	romas O	. Johnson
Signature		<u></u>	Printed Na	ame

FILING FEE: \$25.00