

L12000020474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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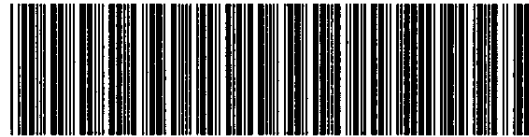
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR -6 PM 3:23
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B. BOSTICK

MAR - 7 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMILY A. JOHNSON P.H.D.
(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:

EMILY JOHNSON
(Name of Person)

EMILY A. JOHNSON P.H.D.
(Firm/Company)

1540 INTERNATIONAL PARKWAY SUITE 2000
(Address)

LAKE MARY, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

EMILY JOHNSON at (407) 921-4810
(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

EMILY A. JOHNSON PH.D.

2. The Articles of Organization were filed on FEB. 13, 2012 and assigned
document number L12000020474

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

I AM CLOSING MY PRIVATE PRACTICE.

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

EMILY JOHNSON
4755 CAINS WREN TRL.
SANFORD, FL 32771

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

Emily Johnson

EMILY JOHNSON

FILING FEE: \$25.00

FILED
MAR 13 2012
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA