

#1 L13000052017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

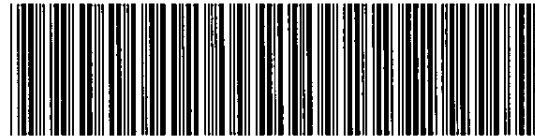
(Business Entity Name)

(Document Number)

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2014 AUG 13 PM 1:53

RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 18 AM 11:12

K. SALY
EXAMINER

AUG 19 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 195386 7933264

AUTHORIZATION :

COST LIMIT : \$ 25.00

Lyndee

ORDER DATE : June 26, 2014

ORDER TIME : 12:50 PM

ORDER NO. : 195386-010

CUSTOMER NO: 7933264

DOMESTIC FILINGS

NAME: JOHNSON FAMILY STUDIOS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 AUG 18 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
JOHNSON FAMILY STUDIOS, LLC

2. The Articles of Organization were filed on 04/09/2013 and assigned
document number L13000052017

3. The delayed effective date the dissolution if not effective on the date of filing:
(effective date cannot be prior to or more than 90 days after than date document is received for 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).

The company corp. did not set up the LLC
correctly.

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

Romello Johnson

2019 Jackson Street #304

hollywood FL 33020

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:

R Johnson

Signature

ROMELLO JOHNSON

Printed Name

FILING FEE: \$25.00