

L13000107954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800281458628

02/05/16--01012--006 **25.00

FILED

2016 FEB -5 P 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 05 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John P. Greene Jr., LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John P. Greene Jr.

Name of Person

John P. Greene Jr., LLC.

Firm/Company

2021 Gish Lane

Address

North Fort Myers, FL 33917

City/State and Zip Code

raskal88@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Greene

at (239) 336-9677

Name of Person

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -5 P 2:32

FILED

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

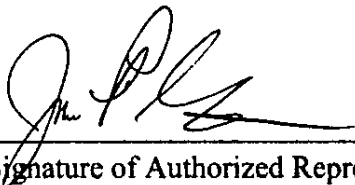
FIRST: The name of the limited liability company is: John P. Greene Jr., LLC.

SECOND: The Florida Document number of the limited liability company is: L13000107954

THIRD: The date of filing of the initial articles of organization is: 09-10-2013

FOURTH: The date of filing of the dissolution is: 12-17-2015

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

John P. Greene

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -5 P 2:32

FILED