13000120830

(Re	equestor's Name)	
(Ad	ldress)	
•		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900268719149

02/02/15--01014--013 **25.00



FEB 0 9 2015 , BRUCE

COVER LETTER

Division of Corporations
SUBJECT: J. C. LOMBAANI TATTOOIN 6 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:
JASON S. HAUS (Name of Person)
J.C. LOMBARDI TATTODING, LLC. (Firm/Company)
4317 U.S. Hwy. 19 N.
NewPort Richey FL. 34653 (City/State and Zip/Code)
For further information concerning this matter, please call:
JASON S- HAUS at (727) 848-8568 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

TO:

Registration Section

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

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
J.C. LOM BARDI TATTOOING, LLC.
2. The Articles of Organization were filed on 1/28/15 and assigned document number 123000 120830 3. The delayed effective date the dissolution if not effective on the date of filing: 1/28/15 (effective date cannot be prior to or more than 90 days later 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).
were to the board
5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs: 1317 125. Hwy. N. New fort rickey, Fig. 23 34652
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
FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: J. C. Lom BARDI TATTOOING, We
Document number of Limited Liability Company is: L13000120830
Date of dissolution was: 1/28/15
Description of information that must be included in a written claim:
Company was Dissolved 7/10/14
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) H317 U.S. HWY. 19 N. New Port Richey FL. 34150
34652
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00