

LB000135043

(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



900281966909

FILED
16 FEB 16 PM 4:50
TALLAHASSEE, FLORIDA
SOCIETY OF STATE

02/16/16--01005--022 *25.00

FEB 16 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN L BOZEMAN PLLC
(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:

JOHN BOZEMAN
(Name of Person)

(Firm/Company)

1974 MIDNETTE RD UNIT 1108
(Address)

TALLAHASSEE FL 32301
(City/State and Zip Code)

FILED
16 FEB 16 PM 4:50
TALLAHASSEE, FLORIDA
STATE

For further information concerning this matter, please call:

JOHN BOZEMAN at (850) 212-3881
(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

JOHN L BOZEMAN PLLC

2. The Articles of Organization were filed on 9/24/13 and assigned

document number L13000135043

3. The delayed effective date the dissolution if not effective on the date of filing: 2/23/16
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

NO LONGER USING COMPANY FOR BUSINESS.

FILED
16 FEB 16 PM 4:50
TALLAHASSEE, FLORIDA
CLERK OF THE STATE

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

JOHN BOZEMAN

1974 MIDYETTE RD UNIT 1108

TALLAHASSEE FL 32301

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

JOHN BOZEMAN
Printed Name

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: JOHN L. BOZEMAN PLLC

Document number of Limited Liability Company is: 213000135043

Date of dissolution was: 2/23/16

Description of information that must be included in a written claim:

COMPANY IS NO LONGER BEING USED FOR BUSINESS.

FILED
16 FEB 16 PM 4:50
TALLAHASSEE, FL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1974 MIDWINTER RD UNIT 1108
TALLAHASSEE, FL 32301
c/o JOHN BOZEMAN

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.

JOHN L BOZEMAN
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing