LIUCCCUIDEC

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cıt	ty/State/Zip/Phone i	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Law Office of Joseph Scone, 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:

Joseph Sc	one	
	(Name of Person)	
	(Firm/Company)	
11141 Eng	Jlish Moss Lane	
	(Address)	
Jacksonvil	le, Florida	

For further information concerning this matter, please call:

Joseph Scone

,904

463-6133

(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 liabilitaw Office of Joseph Scone, Pl			
2.	The Articles of Organization	were filed on $\frac{12/02/2}{1}$	2013	and assigned
	document number L1400004	1260		
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	nis block does not meet :	the applicable statuto	e of filing: 01/01/2014 than date document is received for filing) bry filing requirements, this date will not be s.
4.	A description of occurrence 605.0707, Florida Statutes, (o Written Consent of All Member	copy 605.0707 on bac	nited liability com k cover letter).	pany's dissolution pursuant to section
			,	
5.	If there are no members, entactivities and affairs:	er the name and addre	ess of the person ap	ppointed to wind up the company's
		11141 English Moss I	Lane	
		Jacksonville, Florida	32257	
6. li:	Signature of an authorized p sted above to wind up the con	person or if there are n npany's activities and	no members, the signaffairs:	gnature of the person appointed and
	Mos	2	Joseph Scone	22
	Signature	FILING	G FEE: \$25.00	Printed Name 15 AUG 3 AU

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: Law Office of Joseph Scot	ne, PLLC	,					
Document number of Limited Liability Company is: L14000041260							
Date of dissolution was: 09/01/2015		<u> </u>					
Description of information that must be included in a written claim:							
Any claims by unknown persons for services rendered, values held in	trust, or						
any other claim, must be submitted within 120 days of the posting of the	nis notice.	<u> </u>					
In all cases a claim will be barred after 4 years or sooner where limited	d by statute.						
Mailing address where claims can be sent: (Claims cannot be sent to the Division of	4						
Send claims to:	2015 AUG SECRET						
Joseph Scone	TARY TARY	6 Herrina 6 Migratus					
11141 English Moss Lane	E. F. ○	["-"]					
Jacksonville, Florida 32257	IO: 35						
	> 01						

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.

Joseph Scone

Printed Name of the Person Filing

Signature of the Person Filing

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