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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TO DOOLAR

COVER LETTER

†O: Registration Section Division of Corporations

SUBJECT: FORMAL DISSALUSION
(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 CARRIER
(Name of Person)

ROCKIN JOHNNY ENT. LLC
(Firm/Company)

1706 EMERALD COVE DRIVE
(Address)

CAPE CORAL FLORIDA 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN CARRIER
(Name of Person)

at (239) 471 9850

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)

CHECK # 1679 - 4/22/05

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

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ARTICLES OF DISSOLUTION
FOR A LIMITED LIABILITY COMPANY
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is POCKIN Johnny ENTERPRISES LLC 2. The Articles of Organization were filed on 4/1/2014 and assigned
2. The Articles of Organization were filed on 4/1/2014 and assigned document number <u>L1400052768</u>
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 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). GARY + I HAD DIFFERENT VIEWS ON CRITICAL ISSUES; Ei-PRICE OF MANUALS; APPROACH TO MARKETING. AFTER A FEW MONTHS HAD PASSED, IKNEW THIS WASMT GOINGTO BESUCCESFUL.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
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 Signature Signature Signature Signature Printed Name

FILING FEE: \$25.00