

L14000052768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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04/28/15--01015--022 **55.00

FILED
15 APR 28 PM 12:20
TALLAHASSEE, FLORIDA

MAY - 7 2015

T BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORMAL DISSOLUTION
(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 at (239) 471 9850
(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)
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

FILED
15 APR 28 PM 12:20
STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ROCKIN JOHNNY ENTERPRISES LLC
2. The Articles of Organization were filed on 4/1/2014 and assigned
document number L14000052768
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; E.I. - PRICE OF MANUALS; APPROACH
TO MARKETING. AFTER A FEW MONTHS HAD PASSED,
I KNEW THIS WASNT GOING TO BE SUCCESSFUL 2014
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
N/A
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:

John Carrier
Signature

JOHN CARRIER
Printed Name

FILING FEE: \$25.00