

LY 000131265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

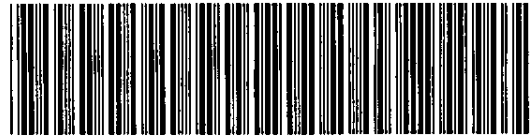
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15 FEB -9 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John Q BBQ 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:

Janet F Quiney

(Name of Person)

John Q BBQ LLC

(Firm/Company)

221 N Tymber Creek Rd

(Address)

Ormond Beach FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet F Quiney

(Name of Person)

at

(386) 290-4130

(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 Q BBQ LLC

2. The Articles of Organization were filed on 08/21/14 and assigned

document number L14000131265

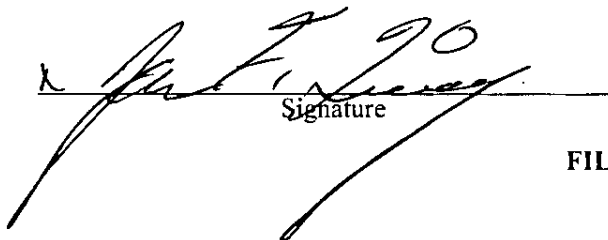
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Death of Mgr and business was never in operation

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

Janet F Quiney

Printed Name

FILING FEE: \$25.00

FILED
15 FEB -9 AM 8:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.T.O Lawn Services, 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:

Natalie M. Adams

(Name of Person)

Natalie M. Adams, P.A.

(Firm/Company)

1640 W. Oakland Park Blvd., #303

(Address)

Fort Lauderdale, FL 33311

(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie M. Adams

(Name of Person)

954

at ()

616-6500

(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)

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