

L14000186987

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(Address)

(Address)

(City/State/Zip/Phone #)

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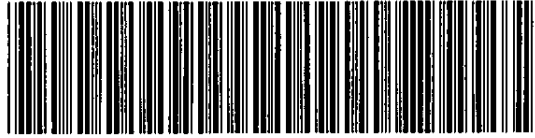
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(Document Number)

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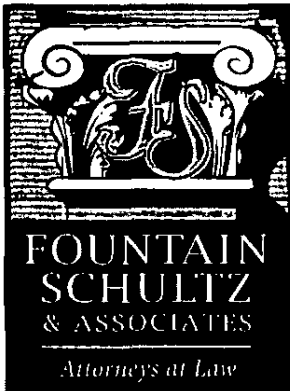


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FILED
17 FEB -6 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 3, 2017



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

VIA REGULAR U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Articles of Dissolution – J. R. Hap Cox, PH.D., P.L.L.C., a Florida
Limited Liability Company**

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of
Dissolution for J. R. Hap Cox, PH.D., P.L.L.C. Also enclosed is check in the
amount of \$25.00 for filing the Articles of Dissolution.

Please return a filed copy to me in the enclosed pre-addressed, stamped
envelope.

Should you have any questions, please advise. Thank you for your
assistance in this matter.

Sincerely,
Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz, Esquire

KAS/amf
Enclosures

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

WWW.FOUNTAINLAW.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.R. Hap Cox, PH.D., P.L.L.C.
(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:

Kerry Anne Schultz, Esq.

(Name of Person)

Fountain, Schultz & Associates, P.L.

(Firm/Company)

2045 Fountain Professional Ct., Suite A

(Address)

Navarre, Florida 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz

(Name of Person)

at (850) 939-3535

(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

J. R. HAP COX, PH.D., P.L.L.C.

2. The Articles of Organization were filed on November 26, 2014 and assigned

document number L14000186987

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)

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).

All members have unanimously agreed in writing to dissolve the company.

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

activities and affairs:

J. R. Hap Cox Post Office Box 282 Mary Esther, FL 32569

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:

J. R. Hap Cox
Signature

J. R. Hap Cox

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB - 6 AM 7:52

FILED