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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

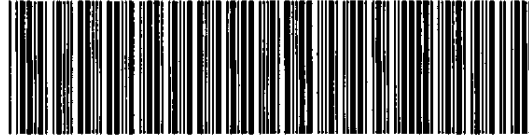
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/24/16--01008--002 \*\*25.00

AUG 25 2016

S. YOUNG

16 AUG 24 AM 11:15

SECRETARY OF STATE  
ALLA KASSERLIAN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Law Office of Jared M. Monahan, 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:

Jared Monahan

(Name of Person)

The Law Office of Jared M. Monahan, PLLC

(Firm/Company)

5403 74th Place East

(Address)

Ellenton, Florida 34222

(City/State and Zip Code)

For further information concerning this matter, please call:

Jared Monahan

(Name of Person)

at ( 954 ) 326-1745

(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

16 AUG 24 AM 11:15  
FILED  
CLERK OF COURT  
JULIA A. BROWN  
TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Law Office of Jared M. Monahan, PLLC

2. The Articles of Organization were filed on July 15, 2015 and assigned

document number L15000121698

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).

Unable to sustain business.

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

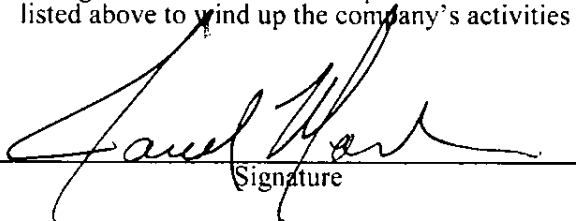
activities and affairs:

JARED M MONAHAN

5403 74th Place East

Ellenton, Florida 34222

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

Jared Monahan

Printed Name

**FILING FEE: \$25.00**

16 AUG 21 AM 11:15

STATE OF FLORIDA  
DEPARTMENT OF STATE