



2020 AUG 11 PH 4: 48

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 075030000653

Phone

: (904)359-7700

Fax Number

: (904)359-7708

LLC DISSOLUTION OR WITHDRAWAL JOHN JONAS, LLC

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From: Fax Admin 'Fax: 'To: 8506176383@rcfax.com Fax: (850) 617-6383 Page: 3 of 4 08/11/2020 4:46 PM

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ARTICLES OF DISSOLUTION OF JOHN JONAS, LLC

2023 #1 11 PH 5:52

ARTICLE I

The name of this limited liability company is John Jonas, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on June 30, 2017, and assigned Document Number L17000142080.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on August 11, 2020.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to the sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

ARTICLE VI

There are no suits pending against the Company in any court.

Dated this | day of August, 2020.

Name: Join H. Jonas

Title: Manager

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Fax:

From: Fax Admin

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limit	John Jonas, LLC ted Liability Company:
Document nun	nber of Limited Liability Company is:
	August 11, 2020
Description of	information that must be included in a written claim:
The identity and	d contact information of the person or entity asserting the claim, a description of the basis for the claim,
the date the clai	im arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.
Mailing addre	ess where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	4125 Roma Blvd
	Jacksonville, FL 32210
A claim agair commenced v	ist the above named limited liability company will be barred unless a proceeding to enforce the claim is within 4 years after the filing of this notice.
John H. Jonas	Jon H Jan
	Printed Name of the Person Filing Signature of the Person Filing