

L18000133153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

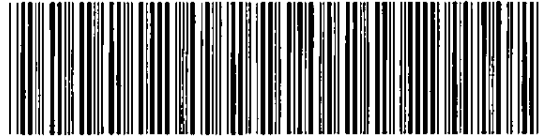
(Document Number)

Certified Copies _____

Certificates of Status _____

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11/20/24--01014--001 **25.00

FILED
2024 NOV 20 AM 11:54
TALLAHASSEE, FLORIDA

Heritage Links Ct. #2116

Naples FL 34112

11/17/2024

Attn. Florida Dept of State

Please dissolve C Arvid Johnson Consulting LLC effective immediately.

Very Truly Yours,

Carl A. Johnson

860-4902975

A handwritten signature in black ink, appearing to read "Carl A. Johnson", with a long, sweeping horizontal stroke extending to the right.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C Arvid Johnson Consulting 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:

Carl A. Johnson
(Name of Person)

(Firm/Company)

8360 Heritage Links CT. #2116
(Address)

Naples FL 34112
(City/State and Zip Code)

For further information concerning this matter, please call:

Carl A. Johnson at (860) 490 2975
(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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

C. Arvid Johnson Consulting LLC. F498227189

2. The Articles of Organization were filed on 05/29/2018 and assigned

document number L18000133153

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).

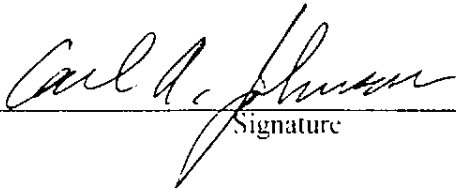
No longer in business.

FILED
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TALLAHASSEE, FLORIDA

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

Carl A. Johnson
8360 Heritage Links CT. #2116
Naples FL 34112

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

Carl A. Johnson,
Printed Name

FILING FEE: \$25.00