

L18000166823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

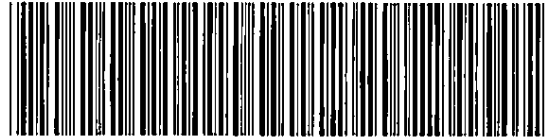
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FILED
2024 MAY 13 AM 10:34
CLERK OF SUPERIOR COURT
JANUARY 13 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN BETTS ART
(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:

JOHN BETTS

(Name of Person)

JOHN BETTS ART

(Firm/Company)

4099 PINETREE BLVD.

(Address)

SAINT JAMES CITY, FL 33956

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN BETTS

(Name of Person)

at (954) 609-5951

(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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

FILED
2024 MAY 13 AM 10:34
SECRETARY OF STATE

1. The name of a limited liability company is

JOHN BETTS ART LLC

2. The Articles of Organization were filed on JULY 10, 2018 and assigned

document number L18000166823

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).

HEALTH ISSUES

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

JOHN BETTS

4099 PINETREE BLVD.

SAINT JAMES CITY, FL 33956

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

JOHN BETTS
Printed Name