

221 000 261595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

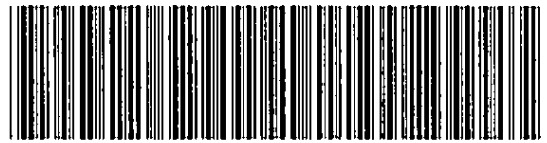
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Dissolution*

JAN 21 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dr. Alex Johnson, 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:

Dr. Alex Johnson

\_\_\_\_\_  
(Name of Person)

Dr. Alex Johnson, LLC

\_\_\_\_\_  
(Firm/Company)

3001  
SW 24th Ave APT 1501

\_\_\_\_\_  
(Address)

Ocala, FL 34471

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Alex Johnson

\_\_\_\_\_  
(Name of Person)

717

756-2115

at (\_\_\_\_\_) \_\_\_\_\_

(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

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

1. The name of a limited liability company is

Dr. Alex Johnson, LLC

2. The Articles of Organization were filed on June 4, 2021 and assigned

document number L21000261595

3. The delayed effective date the dissolution is 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).

Per voluntary consent, I, the only LLC member, choose to dissolve  
this LLC. I have other employment that no longer allows me to  
operate an LLC.

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

Alexandra Johnson

3001 SW 24th Ave  
APT 1501

Ocala FL 34471

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:

Alexandra Johnson  
Signature

Alexandra Johnson

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FL