

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)			
_				
☐ PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer			
Special Instructions to Filing Officer:				
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Office Use Only



300423190353

02/07/24--01009--005 **25.00

2024 FEB - 7 PM 3: 31

2024 FEB - 7 PM 3: 3

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is		
Uncle Johns Painting			
2. The Articles of Organization	on were filed on $\frac{2/5/24}{}$	and assigned	 '
document number 1.21000-	185015		
effective (effective) (effecti	the dissolution if not effective on the e date cannot be prior to or more than 90 days this block does not meet the applicable s ctive date on the Department of State's re-	s later than date document is received tatutory filing requirements, this d	for filing) late will not be
4. A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited liability ((copy 605,0707 on back cover letter)	company's dissolution pursuan	t to section
Physical disability / Retirement	n		
		=======================================	1024 FE
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 If there are no members, er activities and affairs: 	nter the name and address of the perso Barry I Hooper 2701 5th Ave South S		hpan (4)
 Signature of an authorized above to wind up the company 	person or if there are no members, the sactivities and affairs:	e signature of the person appoi	nted and listed
carried Hor	nn Ba	m I How	0-e (
Signature		Printed Name	+

FILING FEE: \$25.00

COVER LETTER

TO:		tration Section on of Corporations			
SHRI	U FCT:	incle Jhons Painting			
SUBJECT:(Name of Limited Liability Company)					
The er	nclosed A	articles of Dissolution and fee(s) are submi	tted for filing.		
Please	return al	I correspondence concerning this matter to	the following:		
		Barry I Hooper			
	(Name of Person)				
	Uncle Johns Painting				
	(Firm/Company)				
		2701 5th Ave South			
		(Address)			
		Saint Petersburg FL 33712			
		(City/St	ate and Zip Code)		
For fu	rther info	rmation concerning this matter, please call	l:		
Barry I Hooper		l Hooper	727 409-0567		
		(Name of Person)	at ()		
Enclose	ed is a che	ck for the following amount:			
į	\$25.00	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
		g Address:	Street Address:		
Registration Section			Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		
			Tallahassee, FL 32303		