

L23 000 319 020

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suzanne 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:

Suzanne Johnson

(Name of Person)

(Firm/Company)

463 W Spruce St

(Address)

DeFuniak Springs, FL 32435

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Johnson

850

333-0645

at ()

(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

Suzanne Johnson LLC

2. The Articles of Organization were filed on 7/5/2023 and assigned

document number L23000319020

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).

The LLC fulfilled the purpose for which it was created and is no longer needed.

2023 FEB - 3 PM 9:10
FILED

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

Suzanne Johnson

463 W Spruce St

DeFuniak Springs, FL 32435

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

Suzanne Johnson

Printed Name

FILING FEE: \$25.00