

P18000065786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/27/18--01030--005 ++35.00

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2018 AUG 27 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FL

Validis
w/ Notice
08/28/18
De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P18000065786

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH MARTUCCI

(Name of Contact Person)

(Firm/Company)

1604 CALABRIA CT

(Address)

ST. AUGUSTINE FL. 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH MARTUCCI at (904) 477-2596
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
LLON LUMBER COMPANY INC

SECOND: The document number of the corporation (if known): P18000065786

THIRD: The file date of the articles of incorporation: 07/31/2018

FOURTH: (CHECK AT LEAST ONE BOX)

- ☒ None of the corporation's shares have been issued.
- ☒ The corporation has not commenced business.

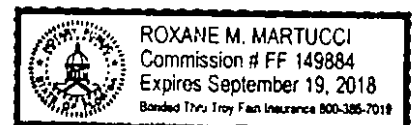
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

- ☐ A majority of the incorporators authorized the dissolution.
- ☒ A majority of the directors authorized the dissolution.

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TALLAHASSEE, FL



Signature:

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JOSEPH MARTUCCI

(Typed or printed name of person signing)

CEO

(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LLON LUMBER COMPANY INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

NO CLAIMS WILL BE ACCEPTED
THIS IS NOT MY COMPANY
NO AUTHORIZATION WAS GIVEN TO USE
MY ADDRESS OR NAME AS REGISTERED
AGENT - THIS COMPANY WAS SET UP
ILLEGAL AND FRAUD.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

WILL NOT ACCEPT CLAIMS

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

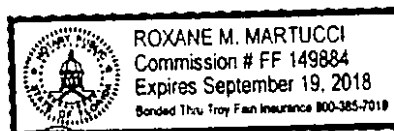
JOSEPH MARTUCCI CEO

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00



Roxane M. Martucci
8/19/18

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

F.S. 695.25

State of Florida

County of St. Johns }

The foregoing instrument was acknowledged before me this 19 day of August, 2018.

by Joseph Martucci
Name of Person Acknowledging

who is personally known to me or who has produced
personally known to me

Type of Identification

as identification.



Roxane M. Martucci, Notary Public
Signature of Notary Public

Roxane M. Martucci
Name of Notary Typed, Printed or Stamped

Commission No. FF 149834

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Articles of Dissolution

Document Date: 8-19-2018 Number of Pages: 3

Signer(s) Other Than Named Above: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here