DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/01/2020	202018301760	Dissolution/Limited Liability Company (LDS)	50.00				0

Receipt

This is not a bill. Please do not remit payment.

NICHOLAS UNKOVIC
5895 HOMECREST LANE
MASON, OH, 45040

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2430382

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BUSSTOP, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Dissolution/Limited Liability Company	**202018301760**

Effective Date: 12/31/2018

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of July, A.D. 2020.

Jon Husted

Ohio Secretary of State

Form 562 Prescribed by:

Date Electronically Filed: 7/1/2020

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Certificate of Dissolution of Limited Liability Company / Cancellation of Foreign Limited Liability Company

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

- [x] (1) Domestic Limited liability Company (For-profit or Nonprofit) (140-LDS)
- [ ] (2) Foreign Limited liability Company (For-profit or Nonprofit) (131-LFS)

Jurisdiction of Formation

Name of Limited Liability Company (name used in jurisdiction of formation)

BUSSTOP, LLC

Ohio Registration Number 2430382

Complete the information in this section if box (1) is checked.

The Limited Liability Company hereby certifies that the effective date of the of the dissolution is: 12/31/2018

Note: Effective date must be on or before the date of filing.

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

The limited liability company _____ the authority of its registered agent to accept service of process, notices and demands on its behalf.

(Please enter 'does revoke' or 'does not revoke')

If the authority of the agent is revoked then please provide the address to which a person may mail copy of an process, notice, or demand against the company is:

Mailing Address

City | State | ZIP Code

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio Secretary of State of such change.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

BUSSTOP, LLC
Signature

NICHOLAS UNKOVIC
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name