

L070000062767

(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:

01/29/24

FEB 21 2024

Office Use Only



400422738684

XP

01/29/24--01011--001 \*\*25.00

FILED  
2024 JAN 29 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JIM JAMES MCBRIDE 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:

JAMES MCBRIDE  
(Name of Person)

FLORIDA SERVICES  
(Firm/Company)

4915 SABAL LAKE CIR.  
(Address)

SARASOTA, FLA.  
(City/State and Zip Code) 34238

For further information concerning this matter, please call:

JAMES MCBRIDE at ( 941 ) 356-7274  
(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

FILED  
2024 JAN 29 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

JIM MCBRIDE LLC

2. The Articles of Organization were filed on 6/14/2007 and assigned

document number LO70000 62767

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).

Retired  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

JAMES MCBRIDE  
4915 SADBOL LAKE CIR.  
SARASOTA, FLA  
34238

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:

James McBride  
Signature

JAMES MCBRIDE  
Printed Name

FILING FEE: \$25.00