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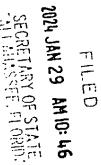
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: JIM JAME.	5 MCBRIDE LLC (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed Articles of Dissolution and I	fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
ricase return an correspondence concerni	ing this manter to the tonowing.
:	Name of Person)
	(Name of Person)
	Florida Services (Firm/Company)
	(Firm/Company)
	4915 SABAL LAKE CIR'.
	(Address)
	- La - La
	SOCASOFA, FLA (City/State and Zip Code) 34238
	(City/state and Zip Code) 3423 8
For further information concerning this ma	atter, please call:
JAMES MC	3 rile at (941) 356-7274 (Area Code & Daytime Telephone Number)
(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:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327	The Centre of Tallanassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTION	
	FOR A LIMITED LIABILITY COMPANY	2024 , FILE
The name of a limited	liability company is	SECRET AN 29 AM
_ Jim_	MCBRIDE LLC	- TELLARY OF C
. The Articles of Organi	zation were filed on $6/14/2067$ an	SECRETARY OF ST
document number	L070000 62767	
(eff Note: If the date inserte	date the dissolution if not effective on the date of filing:ective date cannot be prior to or more than 90 days later than date document in this block does not meet the applicable statutory filing requireffective date on the Department of State's records.	ment is received for filing) irements, this date will not be
A description of occur 605.0707, Florida Statu	rence that resulted in the limited liability company's dissolutes, (copy 605.0707 on back cover letter).	ution pursuant to section
If there are no member activities and affairs:	s, enter the name and address of the person appointed to w	ind up the company's
	4915 SABAL LAKE	C18.
	SAFASOTA, FLA	
	·	
	34238	
i. Signature of an author bove to wind up the com	zed person or if there are no members, the signature of the pany's activities and affairs:	person appointed and liste
Signature of an author bove to wind up the com	zed person or if there are no members, the signature of the pany's activities and affairs:	person appointed and liste MCBCLE me

FILING FEE: \$25.00