

L10000059656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

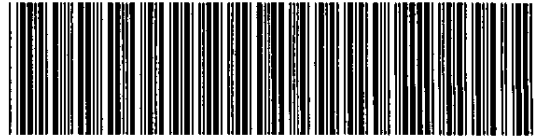
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500291153885

10/17/16--01011--012 **25.00

FILED
OCT 17 2016
16 OCT 17 PM 2:01
J. HARRIS

OCT 17 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMD CONSULTING ENTERPRISES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSEANN DINDA

Name of Person

N/A

Firm/Company

1812 SEDGEWICK DR

Address

KNOXVILLE, TN 37922

City/State and Zip Code

rdinda1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSEANN DINDA

at (865) 696-4658

Name of Person

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: JMD CONSULTING ENTERPRISES LLC

SECOND: The Florida Document number of the limited liability company is: L10000059656

THIRD: The date of filing of the initial articles of organization is: JUNE 3, 2010

FOURTH: The date of filing of the dissolution is: SEPTEMBER ²⁸~~30~~, 2016

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Roseann Dinda
dotloop verified
10/09/16 9:20PM EDT
Z5GG-PABF-EHB4-NZY

Signature of Authorized Representative

ROSEANN DINDA

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

16 OCT 17 PM 2:01