

LI000121052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

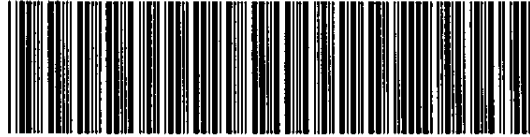
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2015 MAR 23 PM 12:07  
CLERK OF STATE  
TALLAHASSEE FLORIDA

APR 15 2015  
J. ENOCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IDEAS USA 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:

Dr. Gerald J. Luongo

(Name of Person)

IDEAS USA LLC

(Firm/Company)

531 North Ocean Blvd. Suite 1606

(Address)

Pompano Beach Florida 33062

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

Gerald J. Luongo

(Name of Person)

954

295-6157

at (

(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:

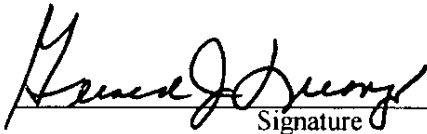
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
IDEAS USA LLC
2. The Articles of Organization were filed on November 03, 2011 and assigned  
document number L11000126052
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)
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).  
The Company was formed for the purpose of providing educational contracted service  
with local school districts within the State of Florida. The company failed to negotiate  
any substantial contracts and therefore is unable to continue operations due to financial  
considerations.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Dr. Gerald J. Luongo  
531 North Ocean Blvd. #1606  
Pompano Beach, Florida  
33062
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:

  
Signature

Gerald J. Luongo  
Printed Name

**FILING FEE: \$25.00**

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2015 MAR 23 PM 12:07

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