

L12 0000 68707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

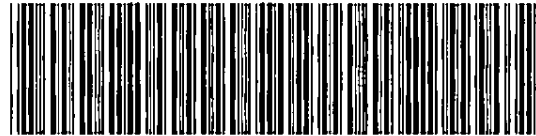
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/30/20--01009--031 **25.00

2020 NOV 30 PM 6:13

FILED

JAN 13 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIDA CONSULTING, 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:

DAVID SMITH

(Name of Person)

FINANCIAL WEALTH STRATEGIES, INC.

(Firm/Company)

5900 SW 73RD STREET #300

(Address)

SOUTH MIAMI, FL 33143-5151

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID SMITH

(Name of Person)

305 - 666-9411

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 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**

1. The name of a limited liability company is

JIDA CONSULTING, LLC

2. The Articles of Organization were filed on 05/22/2012 and assigned

document number L12000068707

3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/2020
(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).

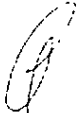
BY AGREEMENT OF ALL MEMBERS TO DISSOLVE.

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

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

JAMES KRAMER, MANAGER

Printed Name

FILING FEE: \$25.00

2020 NOV 30 PM 6:13

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: JIDA CONSULTING LLC

Document number of Limited Liability Company is: L12000068707

Date of dissolution was: 11-30-2020

Description of information that must be included in a written claim:

NAME OF CLAIMANT, ADDRESS, E-MAIL, TELEPHONE NUMBER, CONTACT NAME, INVOICE OR

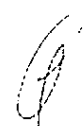
DESCRIPTION OF CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DAVID SMITH
5900 SW 73RD STREET #300
SOUTH MIAMI, FL 33143-5151

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAMES KRAMER
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00