

4400055200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

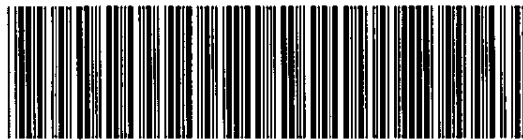
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 19 2015  
J BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ideas marketing solutions, 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:

JULIO E. ARTIGA  
(Name of Person)

(Firm/Company)

12957 centre Park circle # 310  
(Address)

Herndon, VA 20171

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO E. ARTIGA  
(Name of Person)

at ( 703 ) 776-0680  
(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Ideas Marketing Solutions, LLC

2. The Articles of Organization were filed on April 4, 2014 and assigned

document number L14000055200

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).

No business generated

moved out of the state of Florida

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

Julio E. Artiga

12957 Centre Park circle #308

Herndon, VA 20171

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:

J. E. Artiga  
Signature

Julio E. Artiga  
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE  
FLORIDA

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