

L14000088653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

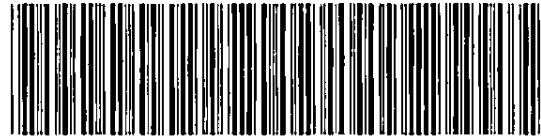
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Dissolution

Office Use Only



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12/30/24--01045--010 **25.00

FILED
2024 DEC 30 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SULTANTS LLC
SUBJECT: _____
(Name of Limited Liability Company)

Enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICHOLAS JAMISON

(Name of Person)

JJAM CONSULTANTS LLC

(Firm/Company)

343 ORLANDO BLVD.

(Address)

INDIALANTIC, FL 32903

(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS JAMISON

(Name of Person)

309

663-4628

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JJAM CONSULTANTS LLC

(Name of Limited Liability Company)

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Please return all correspondence concerning this matter to the following:

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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 DEC 30 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

1. The name of a limited liability company is
JJAM CONSULTANTS LLC

2. The Articles of Organization were filed on AUGUST 28, 2024

document number L14000088653

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2024
(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).

DUE TO DISSOLUTION OF PARENT CORPORATION, JAMISON, INC, DEATH OF SHAREHOLDER

DUE TO DISSOLUTION OF PARENT CORPORATION, JAMISON, INC, DEATH OF SHAREHOLDER

DUE TO DISSOLUTION OF PARENT CORPORATION, JAMISON, INC, DEATH OF SHAREHOLDER

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

NICHOLAS JAMISON

343 ORLANDO BLVD

INDIALANTIC, FL 32903

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

NICHOLAS JAMISON
Printed Name

FILING FEE: \$25.00