

LI5000134205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

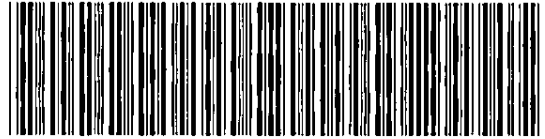
(Document Number)

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2024 MAY -9 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** City Transportation Of Jax,LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hal Alcide

Contact Person

City Transportation Of Jax,LLC

Firm/Company

4770 Barnes Rd Ste 4

Address

Jacksonville FL 32207

City, State and Zip Code

halalcide@gmail.com

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

For further information concerning this matter, please call:

Hal Alcide

at ( 904- ) 899-3510

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

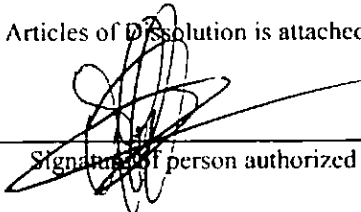
**Street Address:**

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

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: City Transportation Of Jax, LLC
2. The document number of the company is L15000134205
3. The effective date the Dissolution was filed is 07/30/2015
4. The revocation of dissolution was authorized on 01/31/2024
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**FILED**  
2024 MAY -9 AM 11:01  
STATE OF FLORIDA  
TALLAHASSEE

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

**FILED**  
**Jan 31, 2024**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:  
CITY TRANSPORTATION OF JAX, LLC

The document number of the limited liability company: L15000134205

The file date of the articles of organization: August 6, 2015

The effective date of the dissolution if not effective on the date of filing: January 31, 2024

A description of occurrence that resulted in the limited liability company's dissolution:

DECIDED TO CLOSE. ALL PARTNERS/ SOLE PROPRIETORS CAN DECIDE INDEPENDENTLY BUT ANY TYPE OF PARTNERSHIP REQUIRES THE CO-OWNERS TO AGREE TO FILE DISSOLUTION DOCUMENTS. CANCEL REGISTRATIONS, PERMITS, LICENSES, AND BUSINESS NAMES.

The name and address of the person appointed to wind up the company's activities and affairs:

DIEUSEUL ALCIDE  
4770 BARNES RD STE 4  
JACKSONVILLE, FL 32207

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DIEUSEUL ALCIDE

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Electronic Signature of authorized person

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000134205

Entity Name: CITY TRANSPORTATION OF JAX, LLC

Current Principal Place of Business:

5669 W BEAVER ST  
JACKSONVILLE, FL 32254

Current Mailing Address:

4770 BARNES RD  
4  
JACKSONVILLE, FL 32207 US

FEI Number: 47-4688647

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALCIDE, HAL  
4770 BARNES RD  
1  
JACKSONVILLE, FL 32207 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: HAL ALCIDE  
Electronic Signature of Registered Agent

03/30/2023  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALCIDE, DIEUSEUL  
Address 4770 BARNES RD #4  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name ALCIDE, KAYLA A  
Address 4770 BARNES RD  
4  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name ALCIDE, ELIETTE  
Address 4770 BARNES RD  
4  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DIEUSEUL ALCIDE  
Electronic Signature of Signing Authorized Person(s) Detail

MGR  
Date

03/30/2023  
Date