

LEOCC 2005E

(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:

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2018 JUN -4 AM 8:20
CLERK OF COURT
TALLAHASSEE, FL 32301

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JUN 06 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2018

MAGKEISHA JONES
9537 EGRETS LANDING DR
JACKSONVILLE, FL 32257

SUBJECT: GENERAL DATA SOLUTIONS LLC
Ref. Number: L18000020058

We have received your document for GENERAL DATA SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The description of information to be included in a written claim is needed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 218A00010466



RECEIVED
2018 JUN -4 PM 1:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: General Data Solutions
(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:

Magkeisha Jones
(Name of Person)

General Data Solutions
(Firm/Company)

9537 Egrets Landing Dr
(Address)

Jax, FL 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

Magkeisha Jones at (478) 334 4631
(Name of Person) (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

Coeneral Data Solutions

2. The Articles of Organization were filed on January 23, 2018 and assigned

document number L18000020058

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.

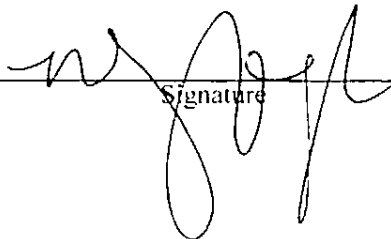
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Lack of business

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

Maykeisha Jones
9537 Egrets Landing Dr
Jax, FL 32257

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

Maykeisha Jones
Printed Name

FILING FEE: \$25.00

2018 JUN -6 AM 8:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

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: General Data Solutions

Document number of Limited Liability Company is: L18006020058

Date of dissolution was: 3

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

Lack of business

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

9537 Egrets Landing Dr
Jax, FL 32257

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.

Magleisha Jones

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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

2010 JUN -4 AM 8:20
CLERK, JEFFREY H. S. ALB.
CLERK, JEFFREY H. S. ALB.
CLERK, JEFFREY H. S. ALB.

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