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## **COVER LETTER**

TO:

Registration Section . Division of Corporations

SUBJECT: ADJ Consulting and Support Service					
(Name of Limite	ed Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted	and for fit				
Please return all correspondence concerning this matter to the following:					
Almeda Jefferson					
(Name of Person)					
ADJ Consulting and Support Services, LLC					
(Firm/Company)					
2949 Willie Mays Parkwa	y				
(Address)					
Orlando, Florida 32811					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Almeda Jefferson					
A)	at (407				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
☐ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  ■ Certified Copy (addition				
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

The name of a limited lim		es, LLC				
2. The Articles of Organiza	ation were tiled on _	April 3, 2019	and assign	ed		
document numberL19	9000092780					
Note: If the date inserted	tive date cannot be prior in this block does not	not effective on the date of to or more than 90 days later the meet the applicable statutory epartment of State's records.	an date document is rec	wined for	filing) will no	ot be
4. A description of occurrer 605.0707, Florida Statute	nce that resulted in t s, (copy 605,0707 o	he limited liability compa	ny's dissolution pur	suant to	sectio	חי
		of coronavirus 2019 (Co	OVID-19)bas affa	طناهمناء	0.420	است و جا بن
development of ADJ Co	onsulting and Supp	port Services, LLC. Due	to the state and	local re	stricti	ions duri
this global pandemic, th	e business was un	able to be properly deve	cloped or become	p <b>ro</b> fita	ble_D	ue to the
circumstances, the busi	ness will need to b	oe dissolved.		TE VIII	21 API	11
5. If there are no members,	enter the name and :	address of the person appo	ointed to wind up the	e combi	o. a.¥m	<u></u>
activities and affairs:	Almeda Jeffe				 	
	2949 Willie N	Mays Parkway		STAT	89	
	Orlando, FL	32811		P P	6	
. Signature of an authorized bove to wind up the compar	I person or if there a ny's activities and af	tre no members, the signal	ure of the person ap	pointec	and li	isted
Umoch Alker	alk a	, 1	AFC			
Signature	MYL	Almeda J	efferson crinted Name			

**FILING FEE: \$25.00**