

4/14/2022 11:03AM

Division of Corporations

No. 4292 P. 1

L19000303102

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number: (850) 617-6203

From: Account Name: BOWEN, JENNIFER, P.A.
Account Number: 1100200000000
Phone: (904) 200-0005
Fax Number: (904) 200-1301

LLC DISSOLUTION OR WITHDRAWAL
HOLDAN JAX, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

T. LEMIEUX
APR 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELDAN JAX, 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:

Heather Crooker

(Name of Person)

Korn & Zehmer, PA

(Firm/Company)

322 A1A North, Suite 315

(Address)

Ponte Vedra Beach FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Crooker

(Name of Person)

904

280-0005 x232

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

HELDAN JAX, LLC

2. The Articles of Organization were filed on 12/18/2019 and assigned

document number L19000303102

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).

The unanimous written consent of all Members.

The unanimous written consent of all Members.

The unanimous written consent of all Members.

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

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:

E. J. Pollan
Signature

Edward Pollan
Printed Name

FILING FEE: \$25.00

FILED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA