

L20000004698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

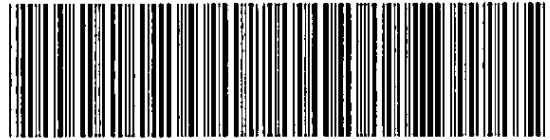
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
JUN 16 2024

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06/24/24--01015--001 **25.00

2024 JUN 16 9:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCIDO CONSULTING 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:

DANIELLE LUCIDO

(Name of Person)

LUCIDO CONSULTING LLC

(Firm/Company)

4210 SE 46TH STREET

(Address)

OCALA, FLORIDA 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIELLE LUCIDO

(Name of Person)

617 771-4610

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
LUCIDO CONSULTING LLC

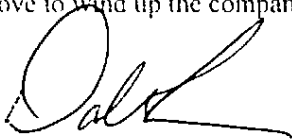
2. The Articles of Organization were filed on 12/24/2019 and assigned
document number L20000004698

3. The delayed effective date the dissolution if not effective on the date of filing: July 1th, 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).
Completion of Business Service

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

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

DANIELLE LUCIDO

Printed Name

FILING FEE: \$25.00