

L21000 302 684

10/11

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(City/State/Zip/Phone #)

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SECONDARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IDJ Pressure Shine, 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:

Israel De Jesus  
\_\_\_\_\_

(Name of Person)

IDJ Pressure Shine., LLC  
\_\_\_\_\_

(Firm/Company)

1430 Mycroft dr  
\_\_\_\_\_

(Address)

Cocoa, FL 32926  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Israel De Jesus  
\_\_\_\_\_

(Name of Person)

321

205-8415

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  
IDJ Pressure Shine, LLC

2. The Articles of Organization were filed on 7/1/2021 and assigned  
document number L21000302684

3. The delayed effective date the dissolution if not effective on the date of filing: 10/1/2024  
(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).

The owner is confronting health issues and will no longer be performing the work.

The owner is confronting health issues and will no longer be performing the work.

The owner is confronting health issues and will no longer be performing the work.

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

1430 Mycroft Dr

Cocoa, FL 32926

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

Israel De Jesus

Printed Name

**FILING FEE: \$25.00**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL