

111 000139258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

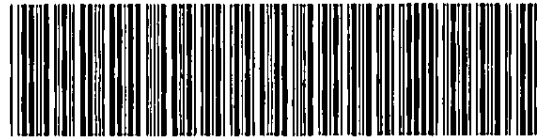
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE DOLPHIN PROPERTY ADVISORS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRYANT BOYD

Name of Person

BLUE DOLPHIN LLC

Firm/Company

28 HARTFORD AVE

Address

MADISON, CT 06443

City/State and Zip Code

BRYANTBOYD@NKNET.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL DEPOSA

Name of Person

at (203)

Area Code

288-6678

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

BLUE DOLPHIN PROPERTY ADVISORS LLC

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTINA BOYD RILEY	334 NEWTOWN TURNPIKE REDDING, CT 06896	Add <input checked="" type="checkbox"/>
			Remove <input type="checkbox"/>
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			Remove <input type="checkbox"/>
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6-1-12

BB

11:24

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 6th, 2021

Bryant C Boyd
Signature of a member or authorized representative of a member

BRYANT C. BOYD, SOLE MEMBER
Typed or printed name of signer

Filing Fee: \$25.00