(Re	equestor's Name)	 		
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	BVCO, L.L	C.		
,		(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:

Julianne E. Albino				
(Name of Person)				
BVCO, L.L.C.				
(Firm/Company)				
1301 North Tamiami Trail, Apt 610				
(Address)				
Sarasota, FL 34236				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Robert N. Albino	302 521-3493		
(Name of Person)	(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited l	iability company is		SECRETARY
BVCO, L.L.C.	·····		FALLAHASSEE, FLORI
2. The Articles of Organiz	tation were filed on Marc	ch 10, 2000	and assigned
document number 1,000	000003025		
Note: If the date inserte	ective date cannot be prior to o	or more than 90 days later tha et the applicable statutory :	filing:
4. A description of occurr 605.0707, Florida Statu	ence that resulted in the lites, (copy 605,0707 on ba	limited liability companack cover letter).	y's dissolution pursuant to section
The LLC is being dissolve	ed pursuant to Florida Statu	te 605.0701 (3). The sole	member of the LLC, a corporate
5. If there are no members activities and affairs:	s. enter the name and add Robert N. Albino	lress of the person appo	inted to wind up the company's
	335 Hampton Road		
Wilmington, DE 19803			
	Te. (302) 521-3493		
6. Signature of an authorizated above to wind up the	zed person or if there are company's activities an	no members, the signated affairs:	ture of the person appointed and
Robert N.	Alhan	Robert N. Albino	
Signatu	re		rinted Name

FILING FEE: \$25.00