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SECRETATION STATE



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Delp Blue Trust LC
(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:
Jody Hage (Name of Person)
(Name of Person)
·
(Firm/Company)
2046 Treasure Coast Plana Ste 360 (Address)
Vero Beach Florida 32460 (City/State and Zip Code)
For further information concerning this matter, please call:
Tody Haav at (20) 450-1160 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scrifficate of Status Scrifficate of Status Scrifficate of Status Scrifficate of Status Scriffied Copy (additional copy is enclosed) S25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed)

MAILING ADDRESS:

حد بغر پشت

> 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

Florida Dept of STAte

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



06 FEB 15 AM 10: 43

1. The name of a limited liability company is	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on $\frac{504000}{2004}$	and assigned document number
3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited liability compare 608.441, Florida Statutes, (copy 608.441 on back cover letter). Without Consent of all Members	
All debts, obligations and liabilities of the limited liability components. Adequate provision has been made for the debts, obligations are found interests. CHECK ONE: There are no suits pending against the company in any court. OR- Adequate provision has been made for the satisfaction of any in entered against it in any pending suit.	nd liabilities pursuant to s. 608.4421. abers in accordance with their respective
ignatures of the members having the same percentage of membership interes	sts necessary to approve the dissolution:
7	Printed Name Printed Name Printed Name
M. M.	ichael Bedecs
<u> </u>	· · · · · · · · · · · · · · · · · · ·

FILING FEE: \$25.00