

LO4000041927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO4-41927

(Document Number)

Certified Copies 1

Certificates of Status 1

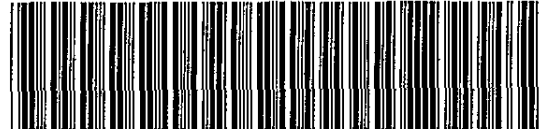
Special Instructions to Filing Officer:

1/4

diff

Office Use Only

M. HODGES



400062506884

01/04/06-01056-027 \*\*60.00

FILED  
06 JAN -4 PM 2:19  
TALLAHASSEE FLORIDA

# P.S.C.M.

**PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC.**

1548 BRICKELL AVENUE  
MIAMI, FLORIDA 33129

TELEPHONE: (305) 373-7016  
FACSIMILE: (305) 373-7017  
PSCM@SALUSSOLIAASSOCIATES.COM

December 28, 2005

CERTIFIED MAIL 7004 0750 0001 9217 5398

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: BLUE ESTATE INVESTMENT, L.C. (the "Company")**

To Whom It May Concern:

In reference to the dissolution of the Company, enclosed herein please find the following:

Original and a Copy of Plan of Dissolution duly executed by the Sole Member of the Company;

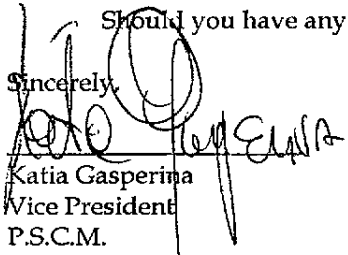
Check # 1635 in the amount of sixty dollars (\$60.00) for filing fees.

Please send original Certified Copy and Certificate of Status to the following address:

**PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC  
1548 BRICKELL AVENUE  
MIAMI, FLORIDA 33129  
ATTN. Katia Gasperina**

Should you have any questions please do not hesitate to contact me at (305) 373 -7016.

Sincerely,

  
Katia Gasperina  
Vice President  
P.S.C.M.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE ESTATE INVESTMENT L.C.  
(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:

Katia A. Gasperina Montin  
(Name of Person)

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC  
(Firm/Company)

1548 Brickell Avenue  
(Address)

Miami, Florida 33129  
(City/State and Zip Code)

For further information concerning this matter, please call:

KATIA A. GASPERINA - MONTIN at ( 305 ) 373 - 7016  
(Name of Person) (Area Code & 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PLAN OF DISSOLUTION  
OF  
BLUE ESTATE INVESTMENT, L.C.**

**THE UNDERSIGNED**, being the Sole Member of Blue Estate Investment, L.C., a Limited Liability Company duly organized and existing under the Law of the State of Florida (the "Company"), hereby consent to and approve the following Plan of Dissolution:

**WHEREAS**, the Sole Member of the Company wishes to liquidate the Company pursuant to article X of the Operating Agreement and to section 608.441 of the Florida Statutes;

**NOW, BE IT RESOLVED**, that the Company is hereby liquidated;

**RESOLVED**, that all debts, obligation and liabilities of the Company have been paid in full;

**RESOLVED**, that all remaining property and assets have been distributed to the Sole Member in accordance with his respective rights and interest;

**FURTHER RESOLVED**, that there are no suits pending against the Company in any court.

IN WITNESS WHEREOF, the undersigned have executed this Plan of Dissolution as of December 27, 2005

SOLE MEMBER

Piero Salussolia

FILED

06 JAN -4 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA