

LOS 000027330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

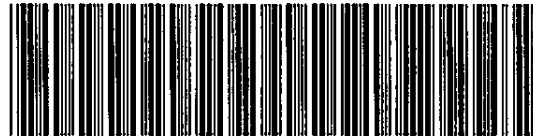
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 27 PM 3:09

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FEB 28 2014

I CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEBERRY LANE VENTURES
(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:

JOSEPH SCALLY
(Name of Person)

(Firm/Company)

365 SEA GROVE LANE # 202
(Address)

NAPLES, FL 34110
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH SCALLY
(Name of Person)

at (617) 308-5992
(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

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TALLAHASSEE, FL 32301

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

BLUEBERRY LANE VENTURES

2. The Articles of Organization were filed on 3/16/05 and assigned
document number L05000027330

3. The delayed effective date the dissolution if not effective on the date of filing: —

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).

CEASE OPERATION

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

Joseph Scally
365 SEA GROVE LANE #202
NAPLES, FL 34110

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

Printed Name

Joseph Scally

JOSEPH SCALLY

FILING FEE: \$25.00

FILED
2014 FEB 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL 32310