

205000045792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 OCT 17 PM 1:38
STORE FRANK OF SPAIN
TALLAHASSEE, FLORIDA

K. SALY
OCT 17 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Blue Palms LLC
(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 M Ossorio
(Name of Person)

Blue Palms LLC
(Firm/Company)

8970 West Flagler St #104
(Address)

Miami FL 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Ossorio at (305) 968-1815
(Name of Person) (Area Code & Daytime Telephone Number)
786-346 4355

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 liability company is

Blue Palm LLC

2. The Articles of Organization were filed on 5/9/2005 and assigned

document number L05000045792

3. The delayed effective date the dissolution if not effective on the date of filing: 10/15/16
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

LLC IS NOT NEEDED / NOT
VIABLE

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 M Ossorio
8970 W Flagler St #104
MIAMI, FL 33124

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

Joseph M Ossorio
Printed Name

FILING FEE: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA