

**L05000047367**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2010 OCT 14 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LEWIS**  
OCT 15 2010  
EXAMINER



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr.  
Suite 200  
Cedar City, Utah 84720  
Phone 435-586-9366  
Fax 435-586-9491

Susan Kumpe, Legal Assistant  
[susan@kkolawyers.com](mailto:susan@kkolawyers.com)

October 12, 2010

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

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Dissolution for **Blossom Financial, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORENSEN, LLP**

  
Susan Kumpe  
Legal Assistant

Enclosure

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blossom Financial, 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:

Susan Kumpe

(Name of Person)

Kyler Kohler Ostermiller & Sorensen, LLP

(Firm/Company)

1883 W. Royal Hunte Dr. Suite 200

(Address)

Cedar City, Utah 84720

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Kumpe

(Name of Person)

at ( 435 ) 586-9366

(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2010 OCT 14 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**Blossom Financial, LLC**

2. The Articles of Organization were filed on **5/10/2005** and assigned document number  
**L05000047367**

3. The date the dissolution was approved: **October 1, 2010**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

**No Longer Doing Business.**

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

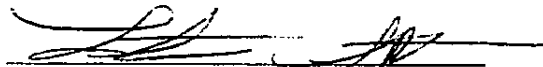
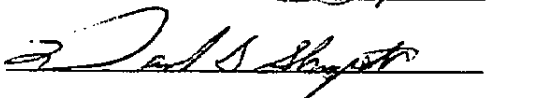
7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be  
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

**Leticia Shipcott**

**David Shipcott**