

107000060156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Blended Energy Partners LLC
DOCUMENT NUMBER: L 07000060156

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Schwartz
(Name of Contact Person)

Blended Energy Ptrs
(Firm/Company)

11682 SW Brighton Falls Dr
(Address)

Port St. Lucie Florida 34987
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Schwartz at (561) 262-5957
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Blended Energy Partners, LLC

Document number of Limited Liability Company is: L07000060156

Date of dissolution was: 12/31/19

Description of information that must be included in a written claim:

Reason for claim

Amount

Date occurred

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

11682 SW Brighton Falls Dr
Port St Lucie, FL 34987

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Donald Schwartz

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing