# L07000076353

(Requ	iestor's Name)	
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

### BLUINVESTIMENTI AMERICAN, L.L.C.

SUBJECT:

(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:

CAROLYN KAHL	
(Name of Person)	
ROCA GONZALEZ P.A.	
(Firm/Company)	
3370 MARY STREET	
(Address)	
MIAMI, FL 33133	

CAROLYN KAHL	305	859-6050
(Name of Person)	(Area Code & Daytime Telephone Number)	

(City/State and Zip Code)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

For further information concerning this matter, please call:

\$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 liabil BLUINVESTIMENTI AMER					<b>.</b>
2.	The Articles of Organizatio	n were filed on July ?	24, 2007	and ass	igned	
	document number L0700007	76353				
3.	The delayed effective date to (effective Note: If the date inserted in the listed as the document's effective date to the document date date to the do	this block does not mee	t the applicable statutory	f filing: an date document is filing requiremen	s received for filing ts, this date will	g) not b
4.	A description of occurrence 605.0707, Florida Statutes, ( UNANIMOUS WRITTEN CO	(copy 605.0707 on ba	ick cover letter).	ny's dissolution	pursuant to so	ction
5.	If there are no members, ent	ter the name and add	ress of the person appo	ointed to wind u	p the company	 's
	activities and affairs:	MAURO CHIATTO	NE			
		C/O ROCA GONZA	LEZ P.A.	<del>" </del>		_
		3370 MARY STREE	T		. <u>-</u>	
		MIAMI, FL 33133				
6. list	Signature of an authorized p ted above to wind up the con	person or if there are appany's activities and	no members, the signa i affairs:	ture of the perso	on appointed ar	nd
۸.	ano Que Z	, 	MAURO CHIATT	TONE		
	Signature			Printed Name		_
	- •	FILIN	G FEE: \$25.00		ان 2 - المنافعة 3 - المنافعة	<b>7</b>

FILED

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#### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

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: BLUINVESTIMENTI AMERICAN, L.L.C.
Document number of Limited Liability Company is: L07000076353
Date of dissolution was: DECEMBER 7, 2016
Description of information that must be included in a written claim:
1- Name and mailing address of person/entity making the claim
2- Description of the nature of the claim and events giving eise to the claim
3- Statement of the amount of the claim
4- Any other information relevant to the claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  A claim against the above named limited hiability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.  MAURO CHIATTONE  Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00