

L08000099505

(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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11/02/09--01012--008 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV - 2 AM 11:54

T. HAMPTON  
NOV - 3 2009  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE FEATHER FREEDOM, 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:

RENE' ERARD

(Name of Person)

YOUR ENTITY SOLUTION, LLC

(Firm/Company)

6440 SKY POINTE DR STE 140-106

(Address)

LAS VEGAS NV 89131

(City/State and Zip Code)

For further information concerning this matter, please call:

RENE' ERARD

(Name of Person)

at ( 702 ) 506-0199

(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



Lower your taxes.  
Protect your assets.  
Grow your wealth faster.  
GET MORE CHOICES

Your Entity Solution, LLC  
6440 Sky Pointe Drive, Suite 140-106  
Las Vegas, NV 89131

Direct (702) 506-0190  
Fax (815) 301-3015

## Customer Order Instruction Cover Letter

Date: Wednesday, October 28, 2009

Service Requested: **X** Regular  
Expedited

Return to: YOUR ENTITY SOLUTION, LLC  
Address: 6440 SKY POINTE DR STE 140-106  
LAS VEGAS NV 89131

Phone: 702-506-0199  
Contact Person: Rene' Erard

Return Delivery: **X** Mail to Address Above  
If possible, also fax to 702-938-7280

Order Description: ENTITY NAME: BLUE FEATHER FREEDOM, LLC

1 X Original Filing of Articles of Dissolution for a Limited Liability Company	\$ 25.00
1 X Stamped Filed copy of Articles of Dissolution for a Limited Liability Company	No Charge

Total Amount: \$ 25.00

**THANK YOU!**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 NOV -2 AM 11:54

1. The name of a limited liability company is  
**BLUE FEATHER FREEDOM, LLC**

2. The Articles of Organization were filed on 10/22/2008 and assigned document number  
L08000099505

3. The date the dissolution was approved: 10/20/2009

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 IN FLORIDA**

**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.

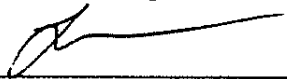
**7. CHECK ONE:**

- ☒ 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

  
\_\_\_\_\_  
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**LISA JEFFERS**  
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