# 10900063020

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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03/14/22--01029--003 \*\*55.00

2022 MAR I 4 PH 4: 45 SECREDARY OF STATE

of 3/23/2022

## **COVER LETTER**

	gistration Section vision of Corporations				
	Splendid Blue Farms, LLC.				
OBJECT	(Name of Limite	d Liability Company)			
The enclose	d Articles of Dissolution and fee(s) are submitte	ed for filing.			
Please return	n all correspondence concerning this matter to t	he following:			
	Emil Owen				
	(Nan	e of Person)			
	Splendid Blue Farms, LLC				
	(Firm/Company)				
	138 Bushnell Plaza, Suite 303				
	(Address)				
	Bushnell, Florida 33513				
	(City/Sta	te and Zip Code)			
For further	information concerning this matter, please call				
Ei	mil Owen	at ()  (Area Code & Daytime Telephone Number)			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
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)			
M	Iailing Address:	Street Address:			
R	Legistration Section	Registration Section Division of Corporations			
	Division of Corporations 2.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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

FILED

	The name of a limited liabil	lity company is		2022 MAR 14 PM 4: 45		
-	Splendid Blue Farms, LLC.			SECRETARY OF STATE TALLAHASSEE, FL		
2.	The Articles of Organizatio	n were filed on06/29/20	009	and assigned		
(	document number L090000	63020	_			
3. 1	Note: If the date inserted in	the dissolution if not effective on the date of filing: 03-10-2022 to date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be active date on the Department of State's records.				
4. 7	A description of occurrence 05.0707, Florida Statutes, (	that resulted in the limite copy 605.0707 on back co	d liability company's d over letter).	issolution pursuant to section		
E	Blueberry operation has been c	losed due to economic chang	ge in the market place ma	king business unprofitable		
- 5. I	f there are no members, enactivities and affairs:					
		138 Bushnell Plaza, Suite	303			
		Bushnell, Florida 33513				
6. S abo	Signature of an authorized power to wind up the company	person or if there are no me's activities and affairs:	embers, the signature o	f the person appointed and listed		
۷	The state of the s		Emil Owen			
Signature			Printe	d Name		

FILING FEE: \$25.00

### 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: Splendid Blue Farm	
Document number of Limited Liability Company is: 10	9000063020
Date of dissolution was:	_
Description of information that must be included in a w	ritten claim:
Invoice and Description of services and date provided.	
Mailing address where claims can be sent: (Claims cann Emil Owen	ot be sent to the Division of Corporations)
138 Bushnell Plaza, Suite 303	
Bushnell, Fl 33513	
Attn: SBF Claims	
A claim against the above named limited liability compactaim is commenced within 4 years after the filing of this	s notice.
Emil Owen	200
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