L10000 101925

(R	equestor's Name)	
(Ad	ddress)	
(Aı	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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11 APR | 1 PH 4: 10

J. BRYAN

APR 1 2 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2011

GLENDA HALL BLUE CREEK COMMUNICATIONS LLC 240 SW CENTER AVE KEYSTONE HEIGHTS, FL 32656

SUBJECT: BLUE CREEK COMMUNICATIONS "LLC"

Ref. Number: L10000101925

We have received your document for BLUE CREEK COMMUNICATIONS "LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 411A00006400

n ngalibur, ay an ar sang ga<mark>ngagar.</mark> Panga taong da na yanggalang spaciasan ga<mark>bak</mark> sa gampan da panganan.

COVER LETTER

Division of Corporations	
	16
(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	三三二
Please return all correspondence concerning this matter to the following:	PR PR
Calenda Hall (Name of Person)	ARY OF STATION
	FLOG F.
BLUE CREEK COMMUNICATION (Firm/Company)	LIC STO
240 SW Center Ave	
Keystone Heights, FL. 32656	
(Chy/State and Zip Code)	
For further information concerning this matter, please call:	
Colencia / Hall at 352 473 - (Name of Person) (Area Code & Daytime Telepho	9699
(Name of Person) (Area Code & Daytime Telepho	one Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	0.00 Filing Fee, ficate of Status & fied Copy itional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 liability company is			SEE
BLUE CREEK COI	mmunica Ti	ONS LLC	70 5
2. The Articles of Organization were filed on	9/28/10	and assigned	document fumber
3. The date the dissolution was approved:	10/11		
4. A description of occurrence that resulted in the l 608.441, Florida Statutes, (copy 608.441 on back	imited liability compan k cover letter).	y's dissolution pursua	ant to section
NO LONGER WISH TO	CONTINUE	IN BUSIN	<i>ESS</i> .
	1 - 1		
5. CHECK ONE:	-		
All debts, obligations and liabilities of the OR- Adequate provision has been made for the	he debts, obligations ar	nd liabilities pursuant	to s. 608.4421.
All remaining property and assets have been dist rights and interests.	ributed among its mem	bers in accordance wi	th their respective
7. CHECK ONE:			
There are no suits pending against the con-oR-Adequate provision has been made for the entered against it in any pending suit.	• •	udgment, order or dec	ree which may be
Signatures of the members having the same percentage	e of membership interes	sts necessary to appro	ve the dissolution:
Signature		Printed Name	
Llanda Hull	G	lenda Hall	
· · · · · · · · · · · · · · · · · · ·	******		

FILING FEE: \$25.00