

K10000109398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

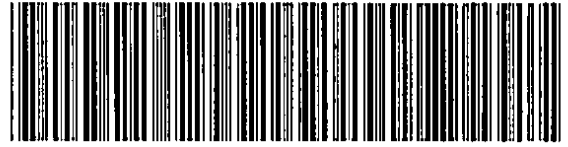
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Dissolution

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COVER LETTER

TO: Registration Section
Division of Corporations
Blooming Buds, LLC

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:

Lynette S. Ikola

(Name of Person)

Blooming Buds, LLC

(Firm/Company)

701 E Camino Real Ha

(Address)

Boca Raton, Florida 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynette Ikola

563

8435791

✓

at (_____) _____

(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)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Blooming Buds, I.L.C.

2. The Articles of Organization were filed on October 13, 2010 and assigned
document number L10000109398

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Business was closed due to Covid-19 business interruption and business never recovered as we are in the event business.

Business was closed due to Covid-19 business interruption and business never recovered as we are in the event business.

Business was closed due to Covid-19 business interruption and business never recovered as we are in the event business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Lynette Ikola

701 E Camino Real 11a, Boca Raton, Florida 33432

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

X 
Signature

X LYNETTE IKOLA
Printed Name

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SECRETARY OF STATE

FILING FEE: \$25.00