

L10000121763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

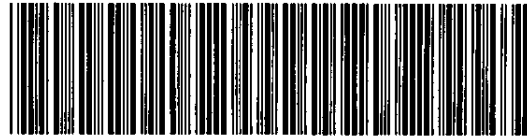
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/16/14--01024--004 **25.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

2014 DEC 16 AM 7:58

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DEC 19 2014
D. B. ...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Bluestar Advisors Group, 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:

Raymond Monteleone

(Name of Person)

Paladin Global Partners

(Firm/Company)

612 SE 5th Avenue, STE 6

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Loomis

(Name of Person)

at (954) 653-1071
(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

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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: The Bluestar Advisors Group, LLC

Document number of Limited Liability Company is: L10000121763

Date of dissolution was: 12/31/2014

Description of information that must be included in a written claim:

Name of claimant, date of claim, event giving rise to the claim, amount claimed, and
name, address and telephone number of contact to whom the company should reply
regarding the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Craig Niebur

14604 Galt Lake Drive

Tampa, FL 33626

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Craig Niebur

Printed Name of the Person Filing

Craig Niebur
Signature of the Person Filing

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