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| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: hit the Blue Hy (Name of Limited | Liability Company) | |
| | | |
| The enclosed Articles of Dissolution and fee(s) are submitted | d for filing. | |
| Please return all correspondence concerning this matter to the | e following: | |
| Linoa C. L. (Name | of Person) | |
| Little Blue | Lenon Properties, LLC Company) | |
| P.O. BOX 39 | ddress) | |
| INDIAN ROC (City/State | US Beach, FL. 33785 and Zip Code) | |
| For further information concerning this matter, please call: | | |
| LiNDA LIDTALL (Name of Person) | at (<u>305</u>) <u>393</u> <u>2259</u> (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: \$\int \$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$ | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | |
| Malling 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 | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1. | The name of a limited liability company is |
|----------|--|
| | Lightle Blue Heron Properties LLC. |
| 2. | The Articles of Organization were filed on $1-3l-2011$ and assigned |
| | document number /1 / 0000 / 2646 |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: |
| 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). |
| | No Longen doing business |
| | ALL Assets HAVE been Liquidated |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | |
| | |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: |
| | Grade C. L. Mate. LINDA (1) otal |
| | Genérale Justale LINDA C. L'PTAK Signature MGMB Printed Name |

FILING FEE: \$25.00