

1/29/23, 6:39 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : J. KEVIN DRAKE, P.A.
Account Number : I20020000002
Phone : (941)954-7750
Fax Number : (941)951-1509

**LLC DISSOLUTION OR WITHDRAWAL
BLACKBURN VENTURES, L.L.C.**

Certificate of Status	0
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Page Count	03
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T. LEMIEUX
JAN 31 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACKBURN VENTURES, L.L.C.
(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:

J. KEVIN DRAKE, ESQ.

(Name of Person)

J. KEVIN DRAKE, P.A.

(Firm/Company)

1432 FIRST STREET

(Address)

SARASOTA, FLORIDA 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ.

(Name of Person)

at (941) 954-7750

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
BLACKBURN VENTURES, L.L.C.
2. The Articles of Organization were filed on FEBRUARY 17, 2011 and assigned
document number LI1000021184
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).
The consent of all members

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. 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:


Signature

MONTE BURNS, MANAGER
Printed Name

FILING FEE: \$25.00

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FILED