

L11000 110651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

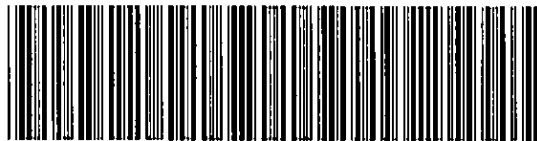
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Deep Blue Team 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:

Robert Barthelmas  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1829 Shelter Cove  
(Address)

Charleston, SC 29414  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Barthelmas at (843) 345-4034  
(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

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

1. The name of a limited liability company is

Deep Blue Team LLC

2. The Articles of Organization were filed on 9-27-2011 and assigned

document number L11000110651

3. The delayed effective date the dissolution if not effective on the date of filing: 6-20-2020  
(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).

My business partner Robert Byrd died on  
Dec 7<sup>th</sup> so I am dissolving the LLC  
we were partners in

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

Robert Trent Barthelmus

1829 Shelter Cove

Charleston, SC 29414

843-345-4034

2/20 JUL 22 PM 3:22

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:

Robert Trent Barthelmus  
Signature

Robert Trent Barthelmus  
Printed Name

**FILING FEE: \$25.00**