

L11000127216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

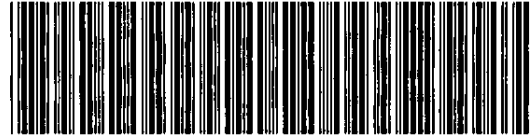
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/01/16--01039--005 **55.00

FILED
2016 FEB - 1 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB - 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Sky Inns 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:

Stephanie Padly, Esq

(Name of Person)

Padly & Associates PA

(Firm/Company)

1300 3rd Street South, Suite 302a

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Padly, Esq. at (239) 963-6043

(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/COURIER ADDRESS:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Blue Sky Inns LLC

DOCUMENT NUMBER: L11000127216

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Padly, Esq

(Name of Contact Person)

Padly & Associates PA

(Firm/Company)

1300 3rd Street South Suite 302a

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Padly, Esq.

(Name of Contact Person)

at (**239**)

(Area Code)

963-6043

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

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

FILED
2016 FEB -1 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Blue Sky Inns LLC

2. The Articles of Organization were filed on 11/08/2011 and assigned

document number L11000127216

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)

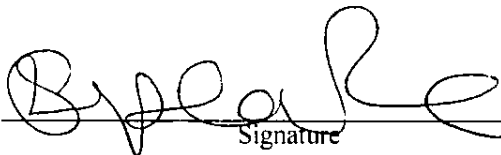
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Termination of work to be performed by Company.

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

Stephanie Padly, Esq. Attorney-in-Fact

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: Blue Sky Inns LLC

Document number of Limited Liability Company is: L11000127216

Date of dissolution was: _____

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

Date of debt accrued, creditor, services or products resulting in the debt

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

Padly & Associates PA

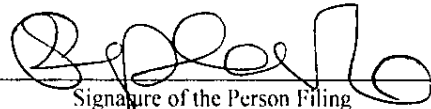
1300 3rd Street S. Suite 302a

Naples, Florida 34102

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.

Stephanie Padly, Esq. Attorney of Fact

Printed Name of the Person Filing


Signature of the Person Filing