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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

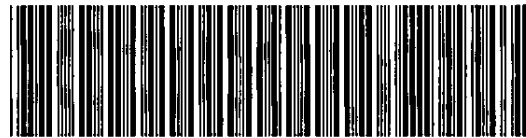
(Business Entity Name)

(Document Number)

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BUREAU OF CONSULAR AFFAIRS  
CANADA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Springs AD 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:

Jonathan Buck  
(Name of Person)

Blue Springs AD LLC  
(Firm/Company)

3628 NW 23rd Terrace Apt. 204  
(Address)

Dainesville, FL 32605  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Buck at (239) 691-1974  
(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

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

1. The name of a limited liability company is

Blue Springs AB LLC

2. The Articles of Organization were filed on 12/23/2011 and assigned

document number L11000143660

3. The ~~delayed~~ effective date the dissolution is 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)

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 company was created to own and manage a private land purchase. The land was recently sold, therefore, the company is no longer necessary.

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:

Jonathan Buck  
Signature

Jonathan Buck  
Printed Name

**FILING FEE: \$25.00**