

U12 0000 03823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

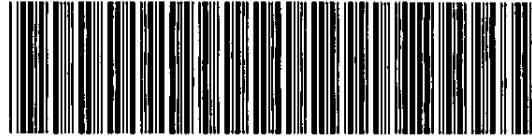
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500268406085

01/20/15--01012--006 **25.00

FILED
15 JAN 20 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 30 2015

171

COVER LETTER

TO: Registration Section
Division of Corporations

Blue Pool Superstore

SUBJECT: _____
(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:

Rohendra N Singh

(Name of Person)

Blue Pool Superstore

(Firm/Company)

7235 BELCREST COURT

(Address)

NORTH PORT, FL 34287

(City/State and Zip Code)

For further information concerning this matter, please call:

Rohendra Singh

941

276-2460

_____ at (_____) _____

(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 Pool Superstore

2. The Articles of Organization were filed on **1-12-2015** and assigned
document number **L12000003823**

3. The delayed effective date the dissolution if not effective on the date of filing: **1-31-2015**
(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).
Unable to maintain website due to financial impact

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


Printed Name

FILING FEE: \$25.00

15 JAN 20 AM 9:08
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA