

L12000058403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

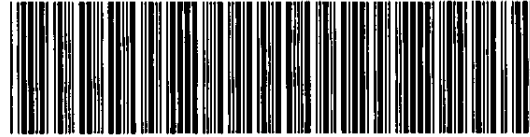
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/01/15--01040--004 **25.00

FILED
2015 JUN -1 PM 1:45
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN -3 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLC Company Dissolution

DOCUMENT NUMBER: L12000058403

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

Please return all correspondence concerning this matter to the following:

David Godetti
(Name of Contact Person)

Blueprint Punta Gorda LLC
(Firm/Company)

9115 Galleria Ct. Ste 105
(Address)

Naples FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

David Godetti at (239) 269 5998
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

2015 JUN -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BluePrint Prata Gorda LLC

2. The Articles of Organization were filed on 5/01/12 and assigned

document number L 120000 58403

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).

Sold Property

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

David Godek

9115 Galleria Ct. Ste 105

Naples FL 34105

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:

David Godek

Signature

David Godek

Printed Name

FILING FEE: \$25.00