## L12000123846

(Re	questor's Name)	
(Ad	dress)	
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, (Cit	y/State/Zip/Phone	#)
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<b>TO:</b>	Registration Section Division of Corporat			<b>6</b>		•	
¥∙ SUBJE	CT: BIUE	Eyed	Gil	116	81St	Street	120
			me of Limited				7

COVER LETTER

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PULOIE StrothmAN LEGAL VENTURE SERVICES, PLLC (Firm/Company) 4415 W. LONGFEllow AVE. , Fl 33629 (City/State and Zip Code)

For further information concerning this matter, please call:

MODE Strothman at (13) 841- 1030 (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

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1. The name of a limited liability company is
Blue Eyed Fill 116 81St Street, LLC
2. The Articles of Organization were filed on $\frac{9/27}{12}$ and assigned
document number <u>2/2000/23846</u>
3. The delayed effective date the dissolution if not effective on the date of 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 consent of All MEMbers
C E C
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:
10 Auole Strothman
Storature Printed Name
() FILING FEE: \$25.00

FILING FEE: \$25.00