

212000130166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

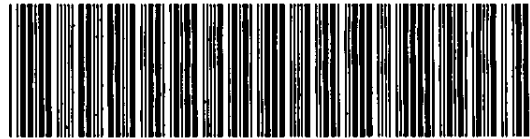
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/04/16--01014--018 **25.00

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2016 APR 20 P 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 21 PM 4:25

April 8, 2016

MICHAL ASHTON
11375 KASHI COURT
SEBASTIAN, FL 32958

SUBJECT: BLUE MOON COFFEE LLC
Ref. Number: L12000130166

See attached

We have received your document for BLUE MOON COFFEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A00007200

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOLUNTARY DISSOLUTION OF LLC

DOCUMENT NUMBER: L12000130166

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

Please return all correspondence concerning this matter to the following:

MICHAL ASHTON

(Name of Contact Person)

BLUE MOON COFFEE, LLC

(Firm/Company)

11375 KASHI COURT

(Address)

SEBASTIAN, FLORIDA 32958

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAL ASHTON

(Name of Contact Person)

at **(404)**

(Area Code)

3088392

(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

M. Ashton

3/21/16

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Blue Moon Coffee

2. The Articles of Organization were filed on 10/7/12 and assigned

document number 41-8016041478-2

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).

I decided to stop working.

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

u/a Michal Ashton

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:

M. Ashton

Signature

Michal Ashton

Printed Name

FILING FEE: \$25.00

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CLERK OF THE COURT
ALLAHASSEE, FLORIDA