

L12000 139812

(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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Office Use Only



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06/22/16--01008--010 **25.00

2016 JUN 22 P 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 23 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE LADDER ROCKS, 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:

EDUARDO S. GONZALEZ

(Name of Person)

FLORIDA CORPORATE REGISTERED AGENTS, LLC.

(Firm/Company)

3901 NW 79th. AVENUE, SUITE 104

(Address)

DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO GONZALEZ at (305) 477-6969
(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

2016 JUN 22 P 6:07
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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
BLUE LADDER ROCKS, LLC.

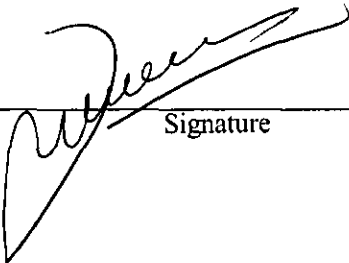
2. The Articles of Organization were filed on NOVEMBER 1, 2012 and assigned
document number L12000139812

3. The delayed effective date the dissolution if not effective on the date of filing: 5-20-2016
(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).
WRITTEN CONSENT OF MEMBERS

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

MIRIAM CARINA LEVIN

Printed Name

FILING FEE: \$25.00

2016 JUN 2 P 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: BLUE LADDER ROCKS, LLC.

Document number of Limited Liability Company is: L12000139812

Date of dissolution was: 5-20-2016

Description of information that must be included in a written claim:

COPY OF INVOICE AND DESCRIPTION OF CLAIM SIGNED UNDER OATH.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

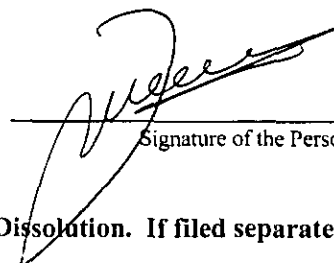
P. O. BOX 527443

MIAMI, FL 33152

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MIRIAM CARINA LEVIN

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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TALLAHASSEE, FLORIDA

BLUE LADDER ROCKS, LLC.

WRITTEN CONSENT OF MEMBERS

MAY 20, 2016

WE, THE UNDERSIGNED, being all the members of BLUE LADDER ROCKS, LLC., a Florida limited liability company (the "Company"), hereby consent to the following actions pursuant to the Florida Limited Liability Company Act (the Act).


DISSOLUTION

RESOLVED: That in accordance with the Florida Limited Liability Company Act, Section 608.441 this company be dissolved by filing Articles of Dissolution substantially in the form presented to the Members.


GENERAL AUTHORIZATION

RESOLVED: That the Managing Members of the company be, and hereby are, authorized and directed in the name of and on behalf of the company to take such additional action as they deem necessary or appropriate to carry out the intent and accomplish the purpose of the foregoing resolution.

IN WITNESS WHEREOF, the undersigned have executed this Written Consent of Members as of the date first written above.



Miriam Carina Levin, Member



Daniel Abraham Levin, Member

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TALLAHASSEE, FLORIDA