

L12000149088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

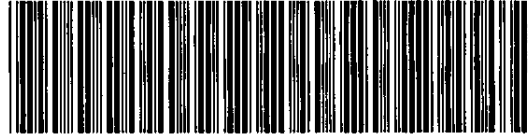
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/23/14--01032--015 **25.00

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2014 DEC 23 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 09 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BSMOW, 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:

Meghan West
(Name of Person)

(Firm/Company)

P.O. Box 7595
(Address)

Lakeland FL 33807
(City/State and Zip Code)

For further information concerning this matter, please call:

Meghan West at 863, 607-9500
(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

BSMOW, LLC

2. The Articles of Organization were filed on 11/28/12 and assigned

document number L12000149088

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/14
(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).

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

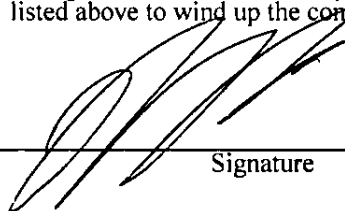
Brian Philpot

P.O. Box 7595 UkId FL 33807

Robert F. Harper IV

P.O. Box 7595 UkId FL 33807

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

Robert F. Harper, IV

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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