

42000 155828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 NOV 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 01 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Lost Cove Holdings, 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:

Tammie Etchells

(Name of Person)

Sabal Financial Group, LP

(Firm/Company)

4675 MacArthur Court Ste. 1550

(Address)

Newport Beach, CA 92660

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammie Etchells

(Name of Person)

at (949) 381-2753

(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:

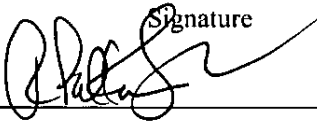
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Blue Lost Cove Holdings, LLC
2. The Articles of Organization were filed on 12/13/2012 and assigned
document number L12000155828
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).
Real Estate Sold, No Further Activity.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: R. Patterson Jackson
4675 MacArthur Court Suite 1550
Newport Beach, CA 92660

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


Printed Name

R. Patterson Jackson

FILING FEE: \$25.00

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