

LB000021030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900269712769

02/25/15--01003--013 **25.00

FILED
15 FEB 25 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 06 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLITZ ORIGATION 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:

Robert Russell

(Name of Person)

(Firm/Company)

11442 Lake Butler Blvd

(Address)

Windermere, FL 34786

(City/State and Zip Code)

FILED
15 FEB 25 PM 4:37
STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Robert Russell

410

603-3836

(Name of Person)

at ()

(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)

BoA BR
CLK # 3130

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

CP

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

1. The name of a limited liability company is
BLITZ ORIGATION LLC
2. The Articles of Organization were filed on _____ and assigned
document number _____
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)
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).
Closure of entity. No business conducted

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Robert Russell
11442 Lake Butler Blvd
Windermere, FL 34786
brussell@dmv.com
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

2/22/2015

Robert Russell
Printed Name

FILING FEE: \$25.00

15 FEB 25 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001

FILED

