

L13000072483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

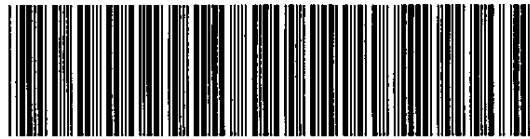
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500280349455

EFFECTIVE DATE

12/31/15

12/28/15--01034--025 \*\*25.00

2015 DEC 28 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RE. Gulligan DEC 29 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BLADE NUTRITION, 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:

**SiaMack Alavi**

(Name of Person)

(Firm/Company)

**7208 W. SAND LAKE RD., STE 208**

(Address)

**ORLANDO, FL 32819**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SiaMack Alavi**

(Name of Person)

at ( **407** ) **290-8860**

(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

FILED

2015 DEC 28 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BLADE NUTRITION, LLC

2. The Articles of Organization were filed on 05/20/2013 and assigned

document number L13000072983

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2015  
(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).

Consent of all members of the LLC.

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

MR. SIAMACK ALAVI

7208 W. SAND LAKE RD., STE 208

ORLANDO, FL 32819

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

SIAMACK ALAVI

Printed Name

FILING FEE: \$25.00