

L130000086449

(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



400422265444

01/22/24--01022--008 \*\*25.00

FILED  
2024 JAN 22 AM 11:16  
SEAL OF STATE  
TALLAHASSEE, FL

al

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLTS INT. 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:

JOAN SILVA

(Name of Person)

BLTS INT. LLC

(Firm/Company)

844 MULBERRY STREET

(Address)

SEBASTIAN, FL 32958

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JAN 22 AM 11:16

FILED

For further information concerning this matter, please call:

JOAN SILVA

(Name of Person)

at ( 772 ) 202-3176

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

BLTS INT., LLC

2. The Articles of Organization were filed on 6-14-2013 and assigned

document number 46-2985338

3. The delayed effective date the dissolution if not effective on the date of filing: 1-1-2024  
(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).

I AM TOO OLD TO TRAVEL FOR MY  
COMPANY.

2024 JAN 22 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

JOAN SILVA

844 MULBERRY STREET

SEBASTIAN FL 32958

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:

Joan Silva  
Signature

JOAN SILVA  
Printed Name

**FILING FEE: \$25.00**