Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHANE M. SMITH, P.A.

Account Number : 120140000004 Phone

: (321)724-1919

Fax Number

: (321)723-8218

LLC DISSOLUTION OR WITHDRAWAL BLUE RAY BLENDS FRANCHISING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

1:04 = 4 2014

T. HAMPTON

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	BLUE RAY BLENDS FRANCHISING LLC
Document number of Limited Liability Condition Date of dissolution was: OCTOBER 2	mpany is:L14000034948
Description of information that must be inc	
Mailing address where claims can be sent:	(Claims cannot be sent to the Division of Corporations)
310 BRUNSON BLVD # 103	
COCOA, FL 32922	
A claim against the above named limited lia claim is commenced within 4 years after the	bility company will be barred unless a proceeding to enforce the filing of this notice.
TRACEY RHEAUME Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ŧ.		BLENDS FRANCH		;		· _ 	
<u>.</u>	The Articles of Org	anization were filed or	3/3/2014	4	and assign	ed	
	document number _	L14000034948					
•	The delayed effective	ve date the dissolution (effective date cannot be pr	if not effective for to or more th	ve on the date of fi m 90 days later than o	ling:	cived for fi	ling)
٠.		currence that resulted in atutes, (copy 605.0707) DIONGER DOING			s dissolution pu	rsuant to	section
•	If there are no meml	pers, enter the name ar	ad address of	the person appoin	led to wind up the	he compar	ıy's
S	Signature of an auth ted above to wind up	orized person or if the the company's activit	re are no men ies and affair	nbers, the signatur	e of the person	appointed	and
	Sent	/ /		TRACEY F	RHEAUME		
_	Sign	ature		Prit	nted Name		
		1	FILING FEE	: \$25.00		SECRET	NON Y