L14 0000 79412

(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



900364898639

US/13/21--U1U21--UU3 **25.UU

2021 HAY 13 PH 2: 55

D. BRUCE JUN 28 2021

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT: BLOSSOM INVESTMENTS MIAMI LLC		<u> </u>	
	(Name of Limi	ted Liability Company)		
The er	nclosed Articles of Dissolution and fee(s) are submi	itted for filing.		
Please	return all correspondence concerning this matter to	the following:		
	CAROLYN C KAHL			
	(Na	me of Person)		
	ROCA GONZALEZ PA (Fit	rm/Company)		
	3370 MARY STREET	(Address)		
	MIAMI			
	(City/Si	ate and Zip Code)		
For fu	rther information concerning this matter, please cal	t:	~)	
	CAROLYN C KAHL (Name of Person)	at (305) 8596050 (Area Code & Daytime Telephone Number)	2021 MAY 13 PM	
		:=		
	ed is a check for the following amount:		<u>P</u>	
	■ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	4 2: 55	•
	Mailing Address:	Street Address:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ent is received for filing)					
ent is received for filing)					
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b listed as the document's effective date on the Department of State's records.					
ion pursuant to section					
If there are no members, enter the name and address of the person appointed to wind up the company's					
77 33					
4.1					
(m)					

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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:										
Document number of Limited Liability Company is: L14000079412 Date of dissolution was: 3/18/2021 Description of information that must be included in a written claim: 1) NAME AND ADDRESS OF THE PERSON OR ENTITY MAKING THE CLAIM										
						2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM 3) STATEMENT OF THE AMOUNT OF THE CLAIM				
								•	_	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		Ž.	2021 MAY	\$ 1 2						
	DANIELA SIMONETTI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		= 14						
	C/O ROCA GONZALEZ P.A.	U.	3	ייי.						
	3370 MARY STREET	· · ·	PH 2:	3						
	MIAMI, FLORIDA 33133	r ii v Viri	.5							

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is

commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

DANIELA SIMONETTI