# 4000/67511

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SECRETARY OF SIMILER TALLAHASSEE, FLORIDA

MAY 03 2016 S. YOUNG

### **COVER LETTER**

TO:

Registration Section Division of Corporations

BSP PENSACOLA I, L.L.C. SUBJECT: \_

(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:

Kerry Anne Schultz, Esq.
(Name of Person)

Fountain Schultz & Associates, P.L.

(Firm/Company)

2045 Fountain Professional Court, Suite A

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz

(Name of Person)

(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

1.	The name of a limited liability company is BSP PENSACOLA I, L.L.C.		·
<u>?</u> .	The Articles of Organization were filed on	10/27/2014	and assigned
	document numberL14000167511		
•	The delayed effective date the dissolution if not e (effective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department	more than 90 days later the applicable statutor	han date document is received for filing) y filing requirements, this date will not l
4 6	A description of occurrence that resulted in the li- 605.0707, Florida Statutes, (copy 605.0707 on bac	mited liability comp	any's dissolution pursuant to section
	Pursuant to the unanimous consent of the Members and	,	ment, the Members have voted to
	If there are no members, enter the name and addre	ess of the person app	ointed to wind up the company's
st	Signature of an authorized person or if there are n ed above to wind up the company's activities and	no members, the sign affairs:	ature of the person appointed and
	1-21-1	CR4	IG A. STIPES
	( Signature)		Printed Name

FILING FEE: \$25.00

TALLAHASSEE, FLORIE