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| (Re | equestor's Name) | - |
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| (Ac | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
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MEY O S. DE SULLE

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Blom Consult (Name of Limited) | Ma Solth LLC Liability Company) | |
| The enclosed Articles of Dissolution and fee(s) are submitted | for filing. | |
| Please return all correspondence concerning this matter to the | following: | |
| Ken Blom | of Person) | |
| Bion Consilting | Solth LLC | |
| 77 S. Birch Ld 9B FE Lundordule F1 (Address) (Address) | | |
| (City/State a | and Zip Code) | |
| For further information concerning this matter, please call: | | |
| (Name of Person) | at (410) 419 0083 (Area Code & Daytime Telephone Number) | |
| Enclosed is a cheek for the following amount: | ALS SE | |
| \$25.00 Filing Fee and Certificate of Dissolution | S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | |
| MAILING ADDRESS: | STREET/COURIER ADDRESS | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |
| | Tallahassee, FL 32301 | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | _ |
|--|--|
| Blom | Consulting South CLC. |
| 2. The Articles of Organization were filed on | ,) |
| document number | 92516 |
| | if not effective on the date of filing: 12/51/15 ior to or more than 90 days later than date document is received for filing) ot meet the applicable statutory filing requirements, this date will not be Department of State's records. |
| 4. A description of occurrence that resulted i 605.0707, Florida Statutes, (copy 605.0707) | n the limited liability company's dissolution pursuant to section |
| | |
| | To the second se |
| | District The Part of the Part |
| | 28 THE 28 |
| 5. If there are no members, enter the name ar | nd address of the person appointed to wind up the company's |
| activities and affairs: | Blum |
| _ > 7 | SBring Rd 96 |
| - | fo Laudervale [1 333/6 |
| | |
| 6. Signature of an authorized person or if the listed above to wind up the company's activit | re are no members, the signature of the person appointed and ies and affairs: |
| | Kon Blom |
| Signlatráre | Printed Name |
| | FILING FEE: \$25.00 |