

L15000204800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

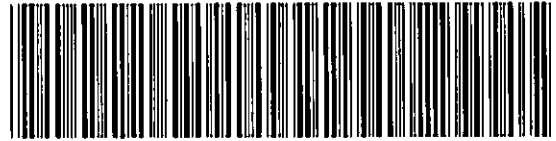
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600342697086

FILED

2020 APR -3 AM 11:00

20 APR -3 11:12:28

Y SUIKEP

APR 06 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 4/2/2020

PRIORITY Routine

OUR REF # (Order ID#) 817891

ORDER ENTITY
BLUESHIELD LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BLUESHIELD LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. The name of a limited liability company is

BLUESHIELD LLC

2. The Articles of Organization were filed on 12/8/2015 and assigned

document number L15000204800

3. 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 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).

No longer transacting business in Florida.

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

LUIS ALBERTO DE HERRERA 1248

OF. 2306

WTC II, MONTEVIDEO UN

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:


Signature

JAVITE, ANDERSON

Printed Name

FILING FEE: \$25.00

2020 APR -3 AM 11:00

FILED

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: BLUESHIELD LLC

Document number of Limited Liability Company is: L15000204800

Date of dissolution was: 4/2/2020

Description of information that must be included in a written claim:

VOLUNTARY DISSOLUTION

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

848 Brickell Ave

Suite 1015

Miami, FL 331331

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.

ANDERSON JAVITE

Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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