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SHAWASSEE, FLORIDA

JUN 2 9 2022 S. PRATHER

COVER LETTER

Division of Corporations							
SUBJECT: TruE RLVE MA	IRINE REPAIR						
(Name of Limited	(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:							
James Carl	ton Bowers						
James Carlton Bowers (Name of Person)							
TOUE RIVE V	NARINE REALIS						
True Blue Marine Reasin							
all in 1th CT							
9166 106th CT.	dress)						
Vero Reach. FL	32967-6614 and Zip Code)						
(City/State a	and Zip Code)						
The contract of the contract o							
For further information concerning this matter, please call:							
James Carlton Bouers (Name of Person)	at (772) 233-9364						
(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:							
☐ \$25.00 Filing Fee and Certificate of Dissolution	\$\sqrt{\$55.00}\$ Filing Fee, Certificate of Dissolution &						
	Certified Copy (additional copy is enclosed)						
Mailing Address:	Street Address:						
Registration Section	Registration Section						
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee						
1.0.001.00=1							

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	accare ALLAR	2022 MAY ₁ -6	
	True Blue MARINE REPAIR	5 :	-	1 1
2.	The Articles of Organization were filed on 12-28-2020 and assigned	SEE FU		; T
	document number <u>L1.let</u> 00025629	TATE ORIDA	PH 3: 29	
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 receive Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	d for fili date wi	ng) II not b	e
4.	A description of occurrence that resulted in the limited liability company's dissolution pursua 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	int to se	ection	
	Covid-19			
5.	If there are no members, enter the name and address of the person appointed to wind up the co	ompany	/'S	
	activities and affairs: JAMES Carlton Bowers			
	9166 106+hCT		_	
	Vero Beach, FL. 32967-6	614	, 	
6. at	Signature of an authorized person or if there are no members, the signature of the person appel bove to wind up the company's activities and affairs:	ointed a	ınd list	ed
1	Printed Name	<u>w er</u> 2	<u>. </u>	

FILING FEE: \$25.00