

L16 000 105 684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

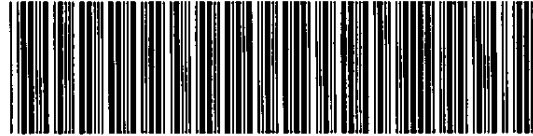
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JUL 28 P 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S Warren

JUL 29 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Angel DC Realty, LLC  
\_\_\_\_\_  
(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:

Khwaja Hasan

\_\_\_\_\_  
(Name of Person)

Blue Angel DC Realty, LLC

\_\_\_\_\_  
(Firm/Company)

#1957 701 Harrison Ave

\_\_\_\_\_  
(Address)

Blaine, WA, 98231

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Khwaja Hasan

604

551-7729

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(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  
Blue Angel DC Realty, LLC

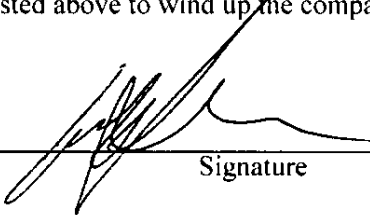
2. The Articles of Organization were filed on May 31st 2016 and assigned  
document number L1600010505684

3. The delayed effective date the dissolution if not effective on the date of filing: July 20th 2016  
(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).  
Incorrect name of LLC & holding structure.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Khwaja Hasan #1957 Harrison Ave, Blaine WA 98231

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

Khwaja Hasan

Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA