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## **COVER LETTER**

Division of Corporations		
SUBJECT: Blue River Ensergises, 1/C (Name of Limited Liability Company)		
(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:		
Alicia Dice (Name of Person)		
(Name of Person)		
Blue River Enterprises, 1/C (Firm/Company)		
(Firm/Company)		
36// Summerlin Lane M (Address)		
Jackson ville, Fl 32224 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Fernanda Dice at (904) 762-3153 (Name of Person) (Area Code & Daytime Telephone Number)		
(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. STREET/COUDIED ADDRESS		

### MAILING ADDRESS:

TO:

Registration Section

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 Liver Enderprises, //c.	
2.	The Articles of Organization were filed on	
	document number <u> </u>	
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).	
	To whom it may concern, me are dusing/dissolution	
	on this 1/c due to operating expenses consistently	
	outneighing profits. We have another business that	
	is able to neet our demands for laisiness. Thanks	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs: Fernanda M Dico	
	34/1 Summerlia Care Al	
	Sacksonville, F1 32224	
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	
4	Fernanda M. Dice	
	FILING FEE: \$25.00  FILING FEE: \$25.00	
	OF ST.	