

L16000118629

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE OCEANS MENTAL HEALTH SERVICES,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:

JOEL RODRIGUEZ

(Name of Person)

JOEL RODRIGUEZ

(Firm/Company)

15601 SW 137 AVE APT 145

(Address)

MIAMI, FLORIDA, 33177

(City/State and Zip Code)

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SECRETARY OF  
TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

JOEL RODRIGUEZ

(Name of Person)

at 786 9169064

(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 OCEANS MENTAL HEALTH SERVICES, LLC
2. The Articles of Organization were filed on JUNE 20, 2016 and assigned  
document number L16000118629
3. The delayed effective date the dissolution if not effective on the date of filing: JANUARY 20, 2017  
(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).

THE DISSOLUTION OF THE COMPANY IS A VOLUNTARY DECISION.

THE PURPOSE OF THE BUSINESS IS NOT ECONOMICALLY VIABLE.

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

15601 SW 137 AVE APT 145, MIAMI, FL, 33177

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

JOEL RODRIGUEZ

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

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