## 117000211201

(Requestor's Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





000313752720

05/23/18--01004--017 \*+25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BLUE SPACE CAPI	TAL LLC ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submit Please return all correspondence concerning this matter to	-
NAT PHA	M
(Na	
	28
(Fi	rm/Company)
8516 SUMMERDALE	RD # 46 23
8516 SUMMERDALE RD # 46	
SAN DIEGO, CA C	rm/Company)  RD # 46  (Address)  D 2 1 2 6  (ate and Zip Code)
For further information concerning this matter, please call	
NHA-T PITAM (Name of Person)	at ( <u>\$58</u> ) 414 - 1309 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 liabili	ty company is	
Blue Space	Capital LLC	
	were filed on October 12, 2017 and as	signed
document number	L17000211201	
(effective of Note: If the date inserted in the	ne dissolution if not effective on the date of filing:	is received for filing) ents, this date will not be
4. A description of occurrence 605.0707. Florida Statutes. (c	that resulted in the limited liability company's dissolution copy 605.0707 on back cover letter).	n pursuant to section
•	not to do business any	nore =
	$\mathcal{O}$	: 35 A
_		23
		, or ,
5. If there are no members, enter activities and affairs:	or the name and address of the person appointed to wind to	
	8516 SUMMERDALE RD, +	146
	SAN DIEGO, CA 92126	
6. Signature of an authorized po	erson or if there are no members, the signature of the pers	son appointed and
listed above to wind up the com	pany's activities and attairs:	
Waldam	NHAT PHAY	Ч
Signature	Printed Name	<u> </u>

FILING FEE: \$25.00