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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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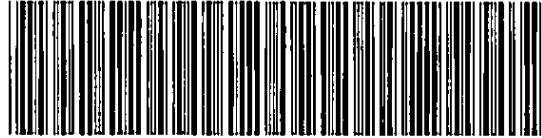
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEBLOOD VENTURES LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LUCIANO M DE MELLO

Contact Person

BLUEBLOOD VENTURES LLC

Firm/Company

2205 OSPREY AVE

Address

ORLANDO, FL 32814

City, State and Zip Code

lmdemello@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCIANO M DE MELLO

Name of Contact Person

at (786)

Area Code

523-8821

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

- BLUEBLOOD VENTURES LLC
1. The name of the company is: _____
 2. The document number of the company is 117000239090 _____
 3. The effective date the Dissolution was filed is 05/26/2022 _____
 4. The revocation of dissolution was authorized on 06/02/2022 _____
 5. A copy of the Articles of Dissolution is attached.

DocuSigned by:


Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

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