

L180000 62175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

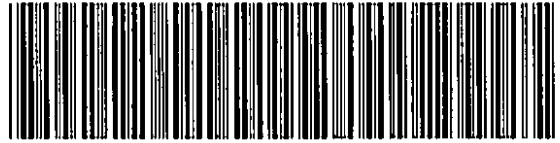
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/16/20--01008--009 **25.00

RECEIVED

JUN 15 2020

2020 JUN 15 PM 2:05

Handwritten: ANT DIS

JUL 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.S.D UNLIMITED 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:

JAMES DEAN
(Name of Person)

B.S.D UNLIMITED LLC
(Firm/Company)

238 MOUTRIE VILLAGE LAKE
(Address)

SAINT AUGUSTINE FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES DEAN at (904) 687 9730
(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:
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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2020-1-15 PM 2:05

1. The name of a limited liability company is

B.S.D UNLIMITED LLC

2. The Articles of Organization were filed on MARCH 9, 2018 and assigned

document number L18000062175

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).

LACK OF BUSINESS

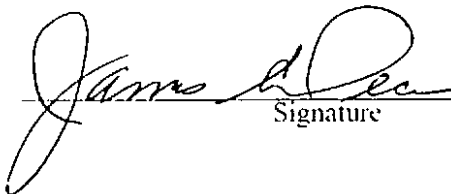
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JAMES DEAN

238 MOULTRIE VILLAGE LANE

SAINT AUGUSTINE FL 32086

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

JAMES DEAN
Printed Name

FILING FEE: \$25.00