

LIE000092145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

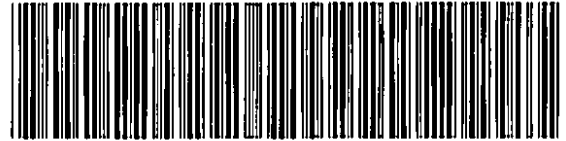
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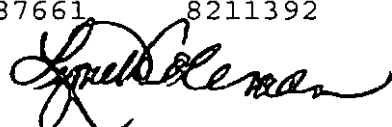
FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 387661 8211392

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : September 14, 2018

ORDER TIME : 12:0 PM

ORDER NO. : 387661-005

CUSTOMER NO: 8211392

DOMESTIC FILINGS

NAME: BLOOM PROTOCOL, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLOOM PROTOCOL, 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:

STEVEN P. MULLINS

(Name of Person)

BLOOM PROTOCOL, LLC

(Firm/Company)

374 VISTA OAK DRIVE

(Address)

LONGWOOD, FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Mullins

(Name of Person)

at

703 629-1295

(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

BLOOM PROTOCOL, LLC

2. The Articles of Organization were filed on 4-17-2018 and assigned

document number

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).

Opened in error. Should have been a qualification, not a formation.

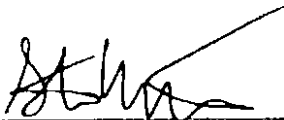
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

STEVEN P. MULLINS

374 VISTA OAK DRIVE

LONGWOOD FL 32779

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

Steven P. Mullins

Printed Name

FILING FEE: \$25.00