

L18 000 112208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

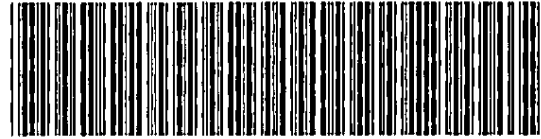
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02/07/22--01014--020 \*\*25.00

FILED

2022 FEB -7 AM 10:00

CLERK  
STATE

C. BRUMBLEY  
FEB 16 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEEP BLUE ZEE LIMITED LIABILITY COMPANY  
\_\_\_\_\_  
(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:

Philip W. Grosdidier

\_\_\_\_\_  
(Name of Person)

Fox McCluskey Bush Robison, PLLC

\_\_\_\_\_  
(Firm/Company)

3461 SE Willoughby Boulevard

\_\_\_\_\_  
(Address)

Stuart, Florida 34994

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Philip W. Grosdidier

\_\_\_\_\_  
(Name of Person)

at ( 772 ) 287-4444  
\_\_\_\_\_  
(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**

1. The name of a limited liability company is  
DEEP BLUE ZEE LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on 05/09/2018 and assigned  
document number L18000112208

3. The delayed effective date the dissolution if not effective on the date of filing: 11/27/2022  
(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).

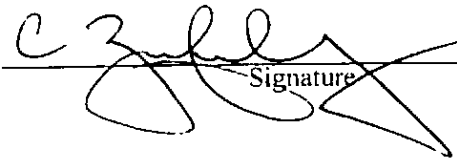
Consent of all members

Consent of all members

Consent of all members

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

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

Craig C. Zoufaly

Printed Name

**FILING FEE: \$25.00**

FILED

2022 FEB - 7 AM 10:00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: DEEP BLUE ZEE LIMITED LIABILITY COMPANY

Document number of Limited Liability Company is: L18000112208

Date of dissolution was: 1/27/2022

Description of information that must be included in a written claim:

Name and Address of Claimant

Amount of Claim

Whether Claim is Secured or Contingent

Detailed Description of Type of Claim

Date Claim Arose

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2022 FEB - 7 AM 10:00  
CLERK OF COURT  
JULIA A. ASSELT  
JULIA A. ASSELT

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

109 Regatta Drive

Jupiter, Florida 33477

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Craig C. Zoufaly

Printed Name of the Person Filing

Craig C. Zoufaly  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**