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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

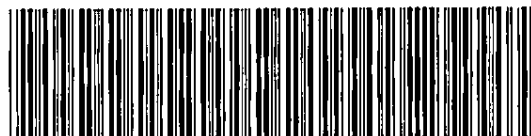
(Document Number)

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Certificates of Status _____

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Ocean Development, 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:

Gray S. Edwards
(Name of Person)

Blue Ocean Development, LLC
(Firm/Company)

1885 Corporate Square Blvd.
(Address)

Jacksonville, FL 32216
(City/State and Zip Code)

For further information concerning this matter, please call or email:

Gray S. Edwards

(904) 725-4220

Gedwards@EdwardsEng.com

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution payable to the Florida
Department of State

Mailing Address:

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

**ARTICLES OF DISSOLUTION
FOR A LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is:

Blue Ocean Development, LLC

2. The Articles of Organization were filed on 8/13/2018 and assigned document number L18000193141.
3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2024

(effective date cannot be prior to 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.

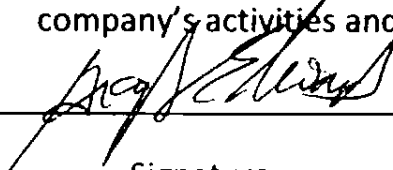
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes,

Inactive, no longer needed.

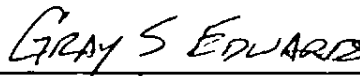
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Gray S. Edwards
1885 Corporate Square Blvd.
Jacksonville, FL 32216

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



MEMBER
Printed Name

FILING FEE: \$25.00

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