

L18000246063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

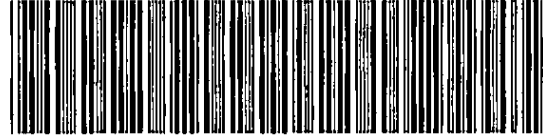
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600375049036

10/18/21--01045--036 \*\*100.00

2021 OCT 18 AM 8:58

FILED

2021 OCT 18 AM 8:58

Tuesday, September 28, 2021

Who it make concern:

My name is Luis Camino Owner, Manager of Blue Dot Logistic LLC document number L18000246063.

I am writing this letter to state that I never made a voluntary resolution for my company Blue Dot Logistic LLC

Not only this letter is to reinstate my corporation but is also to make sure no one does fraud again and hopefully this not happen again as this is costing me 100\$ and is not even my wrong doing.

Any other information you may need contact me at 7862026930

Thanks

LC

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end. It is positioned to the right of the 'LC' text.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Dot Logistics 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:

Luis Camino

\_\_\_\_\_  
Contact Person

Blue Dot Logistics

\_\_\_\_\_  
Firm/Company

11482 Sw 149 Pl

\_\_\_\_\_  
Address

Miami FL 33196

\_\_\_\_\_  
City, State and Zip Code

supertchusa@gmail.com

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

For further information concerning this matter, please call:

Luis Camino

786

202-7030

\_\_\_\_\_  
Name of Contact Person

at \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

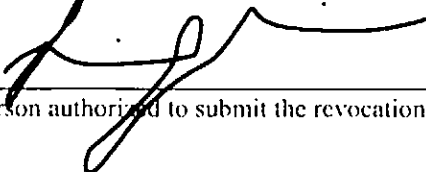
**Street Address:**

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.

1. The name of the company is: Blue Dot Logistics LLC
2. The document number of the company is L18000246063
3. The effective date the Dissolution was filed is 09/15/2021
4. The revocation of dissolution was authorized on 09/15/2021
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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

**FILED**  
2021 OCT 18 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

46

FILED  
Sep 15, 2021  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

BLUE DOT LOGISTICS LLC

The document number of the limited liability company: L18000246063

The file date of the articles of organization: October 19, 2018

The effective date of the dissolution if not effective on the date of filing: September 15, 2021

A description of occurrence that resulted in the limited liability company's dissolution:

NO LONGER ACTIVE

The name and address of the person appointed to wind up the company's activities and affairs:

CAMINO, LUIS  
11482 SW 149 PL  
MIAMI, FL 33196 MD

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LUIS CAMINO

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Electronic Signature of authorized person

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of

Miami-Dade

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence.

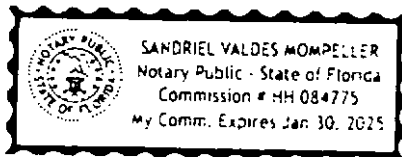
— OR —

☐ Online Notarization.

this 7th day of October, 2021, by  
Date Month Year

Luis Canino

Name of Person Acknowledging



Signature of Notary Public — State of Florida

Sandriel Valdes Mompeller

Name of Notary Typed, Printed or Stamped

☐ Personally known

☒ Produced Identification

Type of Identification Produced: FLDL

Place Notary Seal Stamp Above

0550-530-7700-0 Exp. 02/26

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Resolution Letter

Document Date: September 28, 2021 Number of Pages: 1

Signer(s) Other Than Named Above: No other signers