# L190000 33071

(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 Fiting Officer:

Office Use Only



800338942728

01/17/20--01009--019 \*\*25,00

THE ARTIMENT OF STATE TALE AND AN IT AN THE IT OF STATE TALE AND AN ASSET OF STATE TO STATE TO S. YOUNG

#### COVER LETTER

TO: Registration Section Division of Corporations

**BLAZIN PANZS LLC** SUBJECT:

(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:

PETER P BELMONTE, JR (Name of Person)

**BLAZIN PANZS LLC** 

(Firm/Company)

498 E BOCA RATON RD

(Address)

**BOCA RATON, FL 33432** 

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER P BELMONTE, JR at (413 346-8687 (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/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  BLAZIN PANZS LLC
2.	The Articles of Organization were filed on 02/01/2019 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).
	Voluntary dissolution.
	20 JA 191510 1911-10
	HASSE
	OF STERLES
5.	If there are no members, enter the name and address of the person appointed to wind up the companies activities and affairs:
ے	Signature of an authorized person or if there are no members, the signature of the person appointed and
lis	sted above to wind up the company's activities and affairs:
<	PETER P BELMONTE, JR
	Signature Printed Name

FILING FEE: \$25.00