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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section Division of Corporations
SUBJECT: By Blue Thoroughherds (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:
Momas Johnson (Name of Person)
BBT (Firm/Company)
4996 SW 7th Avered
Oca (Dity/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: The further information concerning this matter, please call: The further information concerning this matter, please call: The further information concerning this matter, please call:
Enclosed is a check for the following amount: ZI \$25.00 Filing Fee and Certificate of Dissolution \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is	
	Big Blue Thorough hads	
2.	The Articles of Organization were filed on Feb 4 7019 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 no listed as the document's effective date on the Department of State's records.	ot be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	n
	No remaining equine assets	
	7 TE 3	
		່ນ 2
		, w
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs: Toling	
	4996 SW 7+V Avetd	
	Ocula FL 34471	
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and ove to wind up, the company's activities and affairs:	isted
	All IV Thomas Tohnan	
	// Signature Printed Name	
	FILING FEE: \$25.00	