

L19000 129 648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

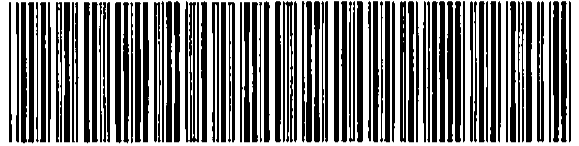
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/19--01017--011 **25.00

FILED
2019 AUG 13 P. 11 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2018

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE ISLAND SOLUTIONS 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:

MARIA MAGDALENA TORRES

(Name of Person)

Siegelman Evans

(Firm/Company)

5220 39th Av. W.

(Address)

BRADENTON - FLORIDA 34209

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK ESCOBAR

(Name of Person)

at (941) 807 5164

(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

BLUE ISLAND SOLUTIONS LLC.

2. The Articles of Organization were filed on _____ and assigned

document number L19000129643

3. The delayed effective date the dissolution if not effective on the date of filing: 8-8-19
(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).

We never Authorized or signed any documents
to form this company. We did leave
our information at an agency but nothing
ever came of it, We formed our own.

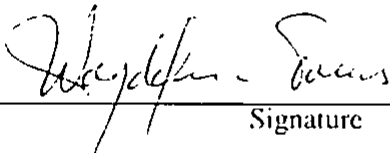
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

MARIA MACDALENA TORRES

5220 39th Av. W 34209

BRADENTON FL.

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

MARIA MACDALENA TORRES
Printed Name

FILING FEE: \$25.00

FILED
2019 AUG 13 P. 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA