119000271542

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	, ,	`

Office Use Only



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12/15/21--01008--014 **105.00



C. BRUMBLEY
FEB 1 8 2022

ARTICLES OF DISSOLUTION FOR ALIMITED LIABILITY COMPANY

	Blue Trioon Unficated LLC
	and Articles is Organization water filed co. 11/12/2019 and resident
	document in the 19000271 542
;	The delayed effective date the dissolution if not effective on the date of filing energy date, emotive processor or or may of days here mental account the converge of Notes. If the date inserted in this block does not meet the apparame standard filing requirements this date with most listed as the document's effective date on the Department of State's records.
-:	A description of occurrence that resulted in the limited hability company's dissolution parsiant to section 605 (1007). Florida Statutes, (copy 605 (1007) on back cover letter)
	Both Partners ogreed to Dissolve the conpany
	705 Financia/ Reasons
	2021
~	If there are no nonements onto the name and address of the person appointed to wind up the company of an area.
	To there are no nearest contact to make and address of the person appointed to wind up the compan, EC 15 PH 12: 33
٠,	Signature of an anti-onzed person of it there are no members, the signature of the person appointed and issue
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	1414 2014 1 1 2 2 200

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Blue Moon Unlimited LLC
Document number of Limited Liability Company is: 4/9000271542
Date of dissolution was: 12/13/2021
Description of information that must be included in a written claim:
Full Description of Claim NAME, address + contact info
NAME, address + contact info
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
501 Villagrande DU Sa.
501 Villagrande DU So. St. Petersburg, Fl 33707
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
George McLeod
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00