

# L19000273527

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

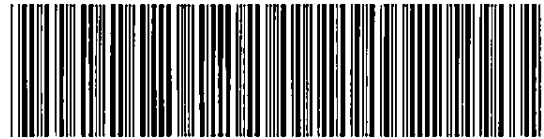
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
AUG 16 2024

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2024 AUG -8 PM 12:10  
CLERK OF STATE  
ALABAMA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Water Adventures of Sarasota, 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:

Robert W. Bivins

(Name of Person)

Bivins & Hemenway, P.A.

(Firm/Company)

1060 Bloomingdale Avenue

(Address)

Valrico, FL 33596

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert W. Bivins

813

643-4900

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## Notice of Limited Liability Company Dissolution

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 Water Adventures of Sarasota, LLC

Document number of Limited Liability Company is: L19000273527

Date of dissolution was: June 30, 2024

Description of information that must be included in a written claim:

(1) Claimant name, mailing address, telephone number, and facsimile number.

(2) Description of the nature and amount of the claim, together with copies of invoices and other supporting documentation.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Blue Water Adventures of Sarasota, LLC, Post-Dissolution Claims

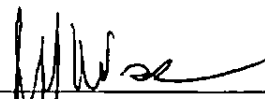
1208 Sharswood Lane

Sarasota, FL 34241

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.

Jeffrey Wisdom, Manager

Printed Name of the Person Filing

  
Signature of the Person Filing