

L 20000173373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

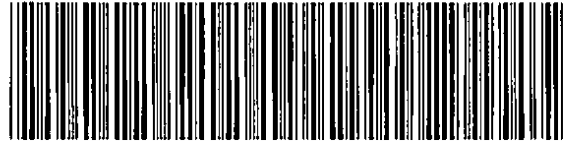
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/27/21

NAME: BLUE SKY IMAGINE PRODUCTION, LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE SKY IMAGINE PRODUCTION, 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:

Steven J. Cramer

(Name of Person)

Wendel Rosen LLP

(Firm/Company)

1111 Broadway, 24th Floor

(Address)

Oakland, CA 94607

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven J. Cramer

510

834-6600

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

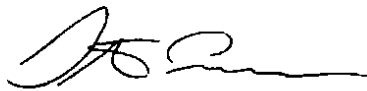
1. The name of a limited liability company is
Blue Sky Imagine Production, LLC
2. The Articles of Organization were filed on June 20, 2020 and assigned
document number L20000173373
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior 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).
Consent of all members.

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

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FLORIDA DEPT. OF STATE
CORPORATION SERVICES

FILED

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

Steven J. Cramer

Printed Name

FILING FEE: \$25.00