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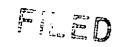
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4 4/12/2023

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	AZUL LIGHT LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ted Liability Company)			
The enc	:losed Articles of Dissolution and fee(s) are submi	tted for filing.			
Please r	return all correspondence concerning this matter to	the following:			
	VIRGEN RODRIGUEZ				
	(Na	me of Person)			
	AZUL LIGHT LLC				
	(Firm/Company)				
	6727 S LOIS AVE APT #718				
	(Address)				
	TAMPA FL 33616				
	(City/St	ate and Zip Code)			
For furt	ther information concerning this matter, please cal	l:			
	VIRGEN RODRIGUEZ	813 410-1813 at ()			
	(Name of Person)	at ()			
Enclosed	d is a check for the following amount:				
<u>,</u> t	£ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



١.	The name of a limited liability company is AZUL LIGHT LLC		2022 MAR 24 Selate	AM 8: 2
2.	The Articles of Organization were filed on _	MAY 25, 2021	SEURE: TALLAMAS and assigned	SEE, FL
	document number 1.21000243287			
3.	The delayed effective date the dissolution if (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De	meet the applicable statutory	y filing requirements, this date wil	
1.	A description of occurrence that resulted in t 605.0707. Florida Statutes, (copy 605.0707 o INACTIVE	the limited liability compa on back cover letter).	my's dissolution pursuant to se	ction
	I WAS NOT ABLE TO PROJECT THE BUSI	NESS AS A START UP , D	UE TO TIME AND FINANCIAL	
				_
	If there are no members, enter the name and activities and affairs: VIRGEN RODE		ointed to wind up the company	`s
	6727 S LOIS A	VE APT #718 TAMPA FL.	33616	
				_
6. ab	Signature of an authorized person or if there sove to wind up the company's activities and a	are no members, the signa affairs:	ature of the person appointed a	— nd listed
	Signature Signature	lings	Printed Name	_

FILING FEE: \$25.00