

L22000364353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

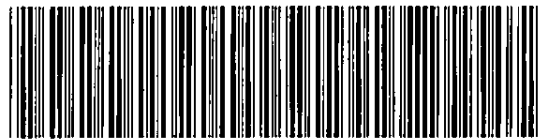
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000425687410

03/20/24--01001--013 \*\*25.00

6/1/24  
S. HUNT  
03/20/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CASCADE DISTRIBUTION 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:

BRIAN BLOUIN

(Name of Person)

(Firm/Company)

500 N ANDREWS AVE APT 622

(Address)

FT LAUDERDALE FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN BLOUIN

708

906-4580

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  
CASCADE DISTRIBUTION LLC

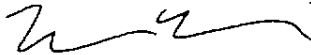
2. The Articles of Organization were filed on AUGUST 18, 2022 and assigned  
document number 1.220003644353

3. The delayed effective date the dissolution if not effective on the date of filing: 02/28/2024  
(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).  
LACK OF SALES REVENUE

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: BRIAN BLOUIN  
500 N ANDREWS AVE APT 622  
FT LAUDERDALE FL 33301

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

BRIAN BLOUIN

Printed Name

**FILING FEE: \$25.00**