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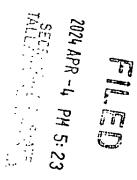
| (Rec                      | questor's Name)  |             |
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| (Add                      | Iress)           |             |
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| (City                     | /State/Zip/Phon  | e #)        |
| PICK-UP                   | WAIT             | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Document Number)         |                  |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
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| Lunils                    | <u> </u>         |             |

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04/04/24--01019--011 \*\*25.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations                 |   |  |  |
|---|---|--|--|
| SUBJECT: 9491 Bloom Fie   | id LLC  |  |  |
| SUBJECT: VIII DIVOWIFIE A CCC (Name of Limited Liability Company) |   |  |  |
| , , , , , , , , , , , , , , , , , , ,                             |   |  |  |
|   |   |  |  |
| The enclosed Articles of Dissolution and fee(s) are submitted     | ed for filing.  |  |  |
| Please return all correspondence concerning this matter to the    | ne following:   |  |  |
|   |   |  |  |
| Comme Day   | r   |  |  |
| Gregory Pappas (Name of Person)                                   |   |  |  |
| (Name of Person)  |   |  |  |
|   |   |  |  |
| (Firm   | /Company)   |  |  |
| 07117   |   |  |  |
| _ 979+ Darrodi  | L Circle N  |  |  |
| 12  | Address)  |  |  |
| Palm Beach Garde  | us. FL 33410  |  |  |
| (City/State and Zip Code)   |   |  |  |
|   |   |  |  |
| For further information concerning this matter, please call:      |   |  |  |
| 7   | 2.0 000 11-00   |  |  |
| Gregory Pappas  | at ( <u>303</u> ) <u>929 - 4558</u><br>(Area Code & Daytime Telephone Number)                   |  |  |
| J -{Name of Person}   | (Area Code & Daytime Telephone Number)  |  |  |
| Enclosed is a check for the following amount:                     |   |  |  |
| \$25.00 Filing Fee and Certificate of Dissolution                 |   |  |  |
| ■ \$25.00 Filing Fee and Certificate of Dissolution               | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |  |  |
|   |   |  |  |
| MAILING ADDRESS:  | STREET/COURIER ADDRESS:   |  |  |
| Registration Section  | Registration Section  |  |  |
| Division of Corporations  | Division of Corporations  |  |  |
| P.O. Box 6327   | Clifton Building  |  |  |
| Tallahassee, FL 32314   | 2661 Executive Center Circle  |  |  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| <ol> <li>The name of a limited liabilit</li> </ol>              | company is  |
|---|---|
| 9491 BI   | pomfield LLC  |
| 2. The Articles of Organization                                 | were filed on $11/39/2022$ and assigned   |
| document number <u>LJJ</u>                                      | 000498783   |
| Note: If the date inserted in th                                | dissolution if not effective on the date of filing: 3/1/24 te cannot be prior to or more than 90 days later than date document is received for filing) shock does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records. |
| 4. A description of occurrence t 605.0707. Florida Statutes, (c | nat resulted in the limited liability company's dissolution pursuant to section py 605.0707 on back cover letter).  |
| 7100  | rty has been sold   |
| , ,   |   |
|   | <u></u>   |
|   | <del></del>   |
|   |   |
| 5. If there are no members, ente activities and affairs:        | the name and address of the person appointed to wind up the company's Gregory Pappas + Sierra Warner  |
|   | 9747 Darrotil Circle N  |
|   | Gregory Pappas + Sierra Warner<br>9747 Daffotil Circle N<br>Palm Beach Gardens, FL 33410  |
| 6. Signature of an authorized po                                | son or if there are no members, the signature of the person appointed and   |
| listed above to wind up the com                                 | Sierra Warner   |
|   | Gregory Paypes  |
| Signature   | Printed Name  |

FILING FEE: \$25.00