

L230003105108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

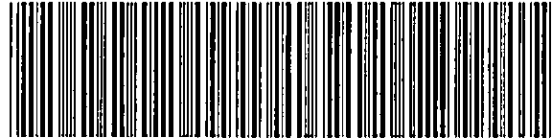
(Document Number)

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DEC 18 2024

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11/20/24--01011--007 \*\*25.00

FILED  
2024 NOV 20 PM 3:56  
CLERK OF STATE  
DOCKET # 24-10060

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RUDY BLISS 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:

ELWYN LaRUE BLISS

\_\_\_\_\_  
(Name of Person)

RUDY BLISS LLC

\_\_\_\_\_  
(Firm/Company)

5947 SW 98th STREET ROAD

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

OCALA, FL 34476-3669

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ELWYN LaRUE BLISS

239

560-8899

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 FILED**

1. The name of a limited liability company is  
RUDY BLISS LLC

2024 NOV 20 PM 3: 51

SECRETARY OF STATE

2. The Articles of Organization were filed on 07/06/2023 and assigned  
document number \_\_\_\_\_

3. The delayed effective date the dissolution if not effective on the date of filing: 11/15/2024  
(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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
THE MOBILE HOME BROKER I WAS WORKING WITH IS CLOSING HER BUSINESS.

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

5947 SW 98th STREET ROAD

Ocala, FL 34476-3669

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

ELWYN LaRUE BLISS

Printed Name

**FILING FEE: \$25.00**