L23 000 376 431

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
<u> </u>		
PICK-UP WAIT MAIL		
(Dusiness Faliki Mana)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		
: Kith Natice		
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COVER LETTER

то:	Registration Section Division of Corporations				
ena n	Bloom Light Productions Holding LLC				
SUBJECT: (Name of Limited Liability Company)					
	closed Articles of Dissolution and fee(s) are submit return all correspondence concerning this matter to				
	Yorley Villalobos				
	(Name of Person)				
	Beautymood Productions LLC				
	(Firm/Company)				
	7500 N.W. 25th Street, Suite 235				
		(Address)			
	Dorał, FI 33122				
	(City/St	ate and Zip Code)			
For furt	ther information concerning this matter, please call	4			
	Yorley Villalobos	786 431-8612			
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)			
Enclosed	ed 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

	oom Light Productions LLC	·
2. Th	se Articles of Organization were filed on July 1	0, 2023 and assigned
do	cument number 1.23000326431	
<u>N</u>	the delayed effective date the dissolution if not endeted (effective date cannot be prior to or ote: If the date inserted in this block does not meet sted as the document's effective date on the Department.	more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not be
605	5.0707, Florida Statutes, (copy 605.0707 on bac	mited liability company's dissolution pursuant to section & cover letter).
The	e Company is no longer involved in any business v	enture and the Members have elected to dissolve same?
wit	h the State of Florida.	- ;;
		
	there are no members, enter the name and addr	ess of the person appointed to wind up the company's
6. Sig	gnature of an authorized person or if there are reto wind up the company's activities and affair	no members, the signature of the person appointed and liste s:
40	let Villaling B.	Yorley Villalobos
	Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	ight Productions LLC
Document number of Limited Liability Compa	L23000326431 any is:
Date of dissolution was: February 27, 2024	
Description of information that must be includ	led in a written claim:
* Name of Claimant	
* Address and phone number for Claimant	
* Monetary sum of claim	
* Supporting documentation as applicable	
Mailing address where claims can be sent: (Cla 7500 N.W. 25th Street	aims cannot be sent to the Division of Corporations)
Suite 235	
Doral, FI 33122	
A claim against the above named limited liabil claim is commenced within 4 years after the fil	lity company will be barred unless a proceeding to enforce ling of this notice.
Yorley Villalobos	GREY VILLAGES C

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing

Printed Name of the Person Filing