

L23 000 390 565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

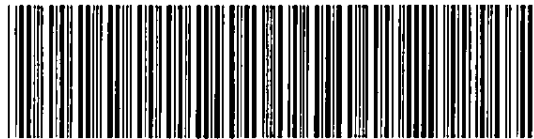
(Business Entity Name)

(Document Number)

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

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2024 DEC -6 PM 12:17

CLERK OF STATE  
TALLAHASSEE, FL

AB

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Door Rentals & Investments LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Yani Gil

\_\_\_\_\_  
Contact Person

Casteleiro Network LLC

\_\_\_\_\_  
Firm/Company

1981 NW 88 Ct. Suite 101

\_\_\_\_\_  
Address

Doral, Florida 33172

\_\_\_\_\_  
City, State and Zip Code

scandalproductions1@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yani Gil

\_\_\_\_\_  
Name of Contact Person

at ( 305 )

\_\_\_\_\_  
Area Code

305-399-03950

\_\_\_\_\_  
Daytime Telephone Number

**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

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED

2024 DEC -6 PM 12:47

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

SECRETARY OF STATE  
TALLAHASSEE, FL

Blue Door Rentals & Investments LLC

1. The name of the company is: \_\_\_\_\_

L23000390565

2. The document number of the company is \_\_\_\_\_


09/16/2024

3. The effective date the Dissolution was filed is \_\_\_\_\_

09/17/2024

4. The revocation of dissolution was authorized on \_\_\_\_\_

5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

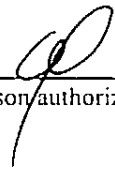
FILED

2024 DEC -6 PM 12:47  
TALLAHASSEE, FL

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

Blue Door Rentals & Investments LLC

1. The name of the company is: \_\_\_\_\_
2. The document number of the company is L23000390565 \_\_\_\_\_
3. The effective date the Dissolution was filed is 09/16/2024 \_\_\_\_\_
4. The revocation of dissolution was authorized on 09/17/2024 \_\_\_\_\_
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

FILED  
Sep 16, 2024  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

BLUE DOOR RENTALS & INVESTMENTS LLC

The document number of the limited liability company: L23000390565

The file date of the articles of organization: August 21, 2023

The effective date of the dissolution if not effective on the date of filing: September 17, 2024

A description of occurrence that resulted in the limited liability company's dissolution:

THE RESULTS OF THE BUSINESS WERE NOT AS EXPECTED.

The name and address of the person appointed to wind up the company's activities and affairs:

OCADYS HERNANDEZ  
13208 NW 8 LANE  
MIAMI, FL 33182

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: OCADYS HERNANDEZ

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Electronic Signature of authorized person