

PO4000098706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

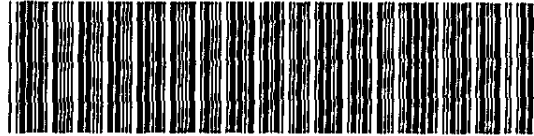
(Business Entity Name)

(Document Number)

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

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05 SEP 22 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09/22/05--01006--012 \*\*35.00

9/30/05

DSS  
notice  
inact

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** P0400009 8706

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Bermudez  
(Name of Contact Person)

Blue House Services  
(Firm/Company)

1906 19th Lane  
(Address)

Greenacres, FL  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Bermudez at (561) 844-0035  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

9/30/05

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Blue House Services, Inc.

SECOND: The document number of the corporation (if known): PO4000098706

THIRD: The date dissolution was authorized: 8/31/05

Effective date of dissolution if applicable: 9/30/05  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

① Elizabeth Bermudez  
(voting group)

Signature: X [Signature]

(By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)

Elizabeth Bermudez  
(Typed or printed name of person signing)

Owner / President  
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

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

Name of Corporation: Blue House Services, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Invoice  
Amount.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1906 19th Lane  
Green Acres, FL 33463

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Elizabeth Bermudez      Elizabeth Bermudez  
Printed Name of the Person Filing      Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**