

P14000057019

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TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Bluemax System, Inc.

DOCUMENT NUMBER: P 14000057019

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

Please return all correspondence concerning this matter to the following:

Maria A. Neagovici

(Name of Contact Person)

Bluemax System, Inc.

(Firm/Company)

1600 S. Ocean Dr. # 9B

(Address)

Hollywood FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria A. Neagovici

(Name of Contact Person)

at (954 - 736 6350

(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

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2017

Filing Fee: \$35

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: Bluemax System, 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:

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

1600 S. Ocean Dr. # 9B
Hollywood FL 33019

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.

Maria Angelica Neagovici
Printed Name of the Person Filing

Neagovici
Signature of the Person Filing