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| (Requestor's Name) | | |
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| (Address) | | |
| (0) 10) - 7; (0) (0) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Continued copies | | |
| Consisting the Cities Office | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

APR 21 AH II

COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: ROSEMARY HOMEISTER, 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: | |
| ROSEMARY HOMEISTER | |
| (Name of Person) | |
| | |
| (Firm/Company) | |
| 19383 SW 68TH STREET | |
| (Address) | z., 2 |
| PEMBROKE PINES, FL 33332 | APP SECRI |
| (City/State and Zip Code) | Y 21 |
| For further information concerning this matter, please call: | 08 APR 21 AM 11: OU SECRETARY OF STATE TALLAHASSEE FLORIDA |
| ROSEMARY HOMEISTER at (954) 205-5626 | |
| (Name of Person) (Area Code & Daytime Telephone Numb | per) |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate Opy (additional copy is enclosed) \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) | Status & |
| | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is ROSEMARY HOMEISTER, LLC | |
|---|---|
| 2. The Articles of Organization were filed on 10 | 28 2003 and assigned document number |
| 3. The date the dissolution was approved: | 117,2008 |
| 4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co | ted liability company's dissolution pursuant to section over letter). |
| No MORE BUSINESS ACTIV | ity being conducted |
| As of this date. | <u> </u> |
| | |
| 5. CHECK ONE: | |
| OR- | imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. \$28442 |
| All remaining property and assets have been distributing rights and interests. | uted among its members in accordance with the espective |
| 7. CHECK ONE: | OF SECOND |
| There are no suits pending against the comp | pany in any court. |
| Adequate provision has been made for the sentered against it in any pending suit. | satisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of | membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Rosemary Homeister | ROSEMARY HOMEISTER |
| | |
| | |
| | |
| | |

FILING FEE: \$25.00