

U4000016335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

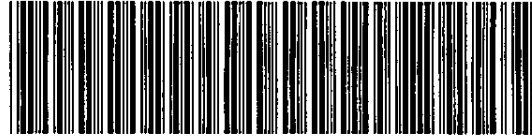
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 20 2016

S. YOUNG



January 14, 2016

US Mail

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Suarez Rogenhofer LLC; Doc # L14000016335

Dear Sir or Madam:

Please find enclosed Articles of Dissolution for the subject company. A firm check in the amount of \$25 is also enclosed for the filing fee.

Sincerely,



Trevor Brewer

Encls.

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUAREZ ROGENHOFER 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:

TREVOR K BREWER  
(Name of Person)  
BREWERLONG PLLC  
(Firm/Company)  
620 N WYMORE RD STE 270  
(Address)  
MAITLAND FL 32751  
(City/State and Zip Code)

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For further information concerning this matter, please call:

TREVOR K BREWER at 407 660-2964  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed 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/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

SUAREZ ROGENHOFER LLC

2. The Articles of Organization were filed on JANUARY 1, 2014 and assigned

document number L14000016335

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

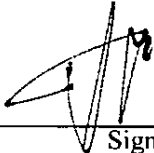
CONSENT OF ALL MEMBERS PURSUANT TO SECTION 605.0701(2), FLORIDA STATUTES.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

RODRIGO SUAREZ

Printed Name

**FILING FEE: \$25.00**