

L10 0000 45359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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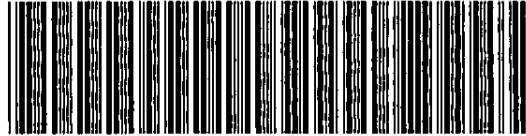
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6 Roscoe South, 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:

J. William Blue, Jr.

(Name of Person)

Northen Blue, LLP

(Firm/Company)

1414 Raleigh Road, Suite 435

(Address)

Chapel Hill, NC 27517

(City/State and Zip Code)

For further information concerning this matter, please call:

J. William Blue, Jr.

(Name of Person)

919

968-4441

at (

_____) _____
(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
6 Roscoe South, LLC
2. The Articles of Organization were filed on April 28, 2010 and assigned
document number L10000045359
3. The delayed effective date the dissolution if not effective on the date of filing: March 31, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
The consent of the sole member to dissolution as permitted by
Section 605.0701(2), F.S.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

NAME	ADDRESS
24	605
6	55
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:

Peggy G. Britt
Signature

Peggy G. Britt, Manager / Sole Member
Printed Name

FILING FEE: \$25.00