

To: FAX SERVICE
2393947814
9/23/2019

From: 2393947814

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KRAMER-HUY LAW FIRM
Account Number : I20000000246
Phone : (239)394-3900
Fax Number : (239)642-0006

**LLC DISSOLUTION OR WITHDRAWAL
HOWARD ROSEN MARCO ISLAND FAMILY LLC**

Certificate of Status	0
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Page Count	3
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOWARD ROSEN MARCO ISLAND FAMILY 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:

Peter Huy, Esq.

(Name of Person)

Kramer Huy P.A.

(Firm/Company)

950 North Collier Boulevard, Suite 101

(Address)

Marco Island, Florida 34145

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Huy, Esq.

(Name of Person)

at (239) 394-3900

(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

2019 SEP 23 PM 3:51

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
HOWARD ROSEN MARCO ISLAND FAMILY LLC
2. The Articles of Organization were filed on APRIL 10, 2003 and assigned
document number L03000013075
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 MEMBERS.

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

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

AMY CARDEN, Managing Member
Printed Name

FILING FEE: \$25.00

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