

LOS 000033173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

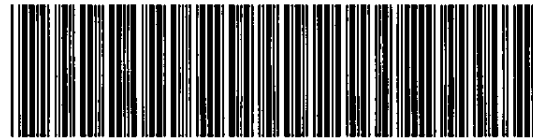
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100257514791

03/17/14--01006--020 **25.00

RECEIVED
TALLAHASSEE, FLORIDA
MAR 17 PM 12:06

J. Shivers MAR 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROGERS BUSINESS COMPLEX 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:

ROBERT E OWENS

(Name of Person)

ROGERS BUSINESS COMPLEX LLC

(Firm/Company)

4533 LUKE AVE

(Address)

DESTIN FLORIDA 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT E OWENS

(Name of Person)

850

at ()

428-1818

(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
ROGERS BUSINESS COMPLEX LLC
2. The Articles of Organization were filed on APRIL 4, 2005 and assigned
document number L05000033173
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)
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).
SALE OF 100% OF COMPANY'S ASSETS

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: ROBERT E OWENS
4533 LUKE AVE
DESTIN FLORIDA 32541

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

ROBERT E OWENS
Printed Name

FILING FEE: \$25.00

FILED
14 APR 17 PM 2:35
TALLAHASSEE, FLORIDA