## L060000 83306

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| <b>(</b> ,                              |
| (Cib. (Chaha Gira/Dhana 4)              |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer; |
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

|                                       | stration Section<br>sion of Corporations      |   |
|---------------------------------------|---|---|
| [<br>SUBJECT:                         | Icerock, LLC                                  |   |
| SUBJECT: _                            | (Name of Limit                                | ded Liability Company)  |
| The enclosed                          | Articles of Dissolution and fee(s) are submit | ated for filing.  |
|                                       | all correspondence concerning this matter to  |   |
|                                       | Gresham Stoneburner                           |   |
|                                       | (Na   | me of Person)   |
|                                       | Stobeburner Berry Purcell & Campbell,         | PA TALETARY m/Company)  SECRETARY TALETARY  |
|                                       | (Fir  | m/Company)  |
|                                       | 4312 Pawnee Street                            |   |
|                                       |   | (Address)   |
|                                       | Jacksonville, Florida 32210                   | (Address)   |
|                                       | (City/Sta                                     | ate and Zip Code)   |
| For further inf                       | formation concerning this matter, please call | :   |
| Gres                                  | ham Stoneburner                               | 904 930-4083<br>at ()   |
|                                       | (Name of Person)                              | (Area Code & Daytime Telephone Number)  |
| Enclosed is a cl                      | heck for the following amount:                |   |
| <b>≡ \$</b> 25.0                      | 00 Filing Fee and Certificate of Dissolution  | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |
| A1ail                                 | ing Address                                   | Street Address:   |
| Mailing Address: Registration Section |   | Registration Section  |
|                                       | ision of Corporations<br>. Box 6327           | Division of Corporations The Centre of Tallahassee  |
|                                       | ahassee, FL 32314                             | 2415 N. Monroe Street, Suite 810  |
|                                       |   | Tallahassee El 32303  |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1.       | The name of a limited liability company is   |
|----------|--|
|          | CEROCK, LLC  |
| 2.       | The Articles of Organization were filed on August 23, 2006 and assigned  |
|          | locument number <u>L06000083306</u>  |
| 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 05.0707, Florida Statutes. (copy 605.0707 on back cover letter).  |
|          | he limited liability company business purpose ceased to exist and as a result it was dissolved by its sole member  |
|          | TAP T  |
|          |  |
|          | Hand Hand Hand Hand Hand Hand Hand Hand  |
|          | 55 TO THE PERSON THE P |
|          | LUN E  |
| 5.       | if there are no members, enter the name and address of the person appointed to wind up the company of  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
| 6.<br>ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed we to wind up the company's activities and affairs:   |
|          |  |
|          | Carl R. Spadaro  |
| _        | Signature Printed Name   |

FILING FEE: \$25.00