

L09000014890

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rosort Investments of Florida 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:

Rosemarie Ortiz
(Name of Person)

(Firm/Company)

101 Riverview Drive
(Address)

Greenville SC 29611
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemarie Ortiz at (864) 420 7402
(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

Resort Investments of Florida LLC

2. The Articles of Organization were filed on February 2009 and assigned

document number L09000014890

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).

Company no longer has any 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:

Rosemarie Ortiz
101 Riverview Drive
Greenville SC 29611

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:

Rosemarie Ortiz
Signature

Rosemarie Ortiz
Printed Name

FILING FEE: \$25.00

FILED
15 Feb -9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA