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(Red	questor's Name)	,
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to E	Eiling Officer	
Special Instructions to Filing Officer:		
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fto to

T. HAMPTON

SEP 2 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pro Roof, 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:
Dean Cooke
(Name of Person)
(Firm/Company)
PO Box 2613
(Address)
Lake City, FL 32056
(City/State and Zip Code)
For further information concerning this matter, please call:
Sheila Cooke at (386) 755-7713
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION SECRETARY OF STATE FOR A LIMITED LIABILITY COMPANY VISION OF CORPORATIONS

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The name of a limited liability company is Pro Roof, LLC	
2. The Articles of Organization were filed on Febre	ruary 16, 2009 and assigned document number
3. The date the dissolution was approved: Septen	nber 23, 2009
	nited liability company's dissolution pursuant to section cover letter).
OR- Adequate provision has been made for the 6. All remaining property and assets have been districtly rights and interests. 7. CHECK ONE: ☐ There are no suits pending against the control of the entered against it in any pending suit.	satisfaction of any judgment, order or decree which may be
Signature Signature	of membership interests necessary to approve the dissolution: Printed Name
De Cooke	Dean Cooke
Shil Cooke	Sheila Cooke
	

FILING FEE: \$25.00