

LI 000000 22480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

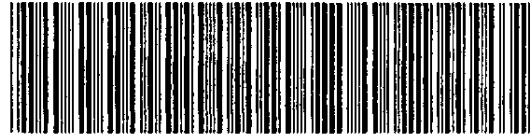
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/11--01036--003 **25.00

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2011 APR 29 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
MAY -2 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeRosier Loss Consulting, 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:

Michael R. Koland

(Name of Person)

DeRosier, Inc.

(Firm/Company)

11034 Biscayne Boulevard

(Address)

Jacksonville, FL 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Koland

(Name of Person)

at (904) 894-9507

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
DeRosier Loss Consulting, LLC

2. The Articles of Organization were filed on March 01, 2010 and assigned document number
L10000022480

3. The date the dissolution was approved: April 12, 2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

We formed a corporation, DeRosier, Inc., thus making the LLC unnecessary.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to section 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

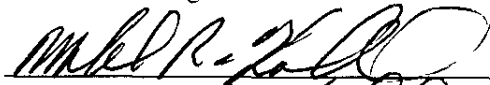
- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

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TALLAHASSEE, FLORIDA

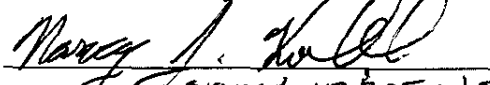
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



Michael R. Koland



Nancy J. Koland

*signed in her absence to
avoid delay. See Enclosure of
Affidavite*

DeRosier, Inc.

11031 Biscayne Blvd • Jacksonville, Florida 32218

904-894-9507 • mirkadjuster@gmail.com

March 19, 2011

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FILED
2011 APR 29 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

This is an affidavit notifying you that the registered agent and managers of the Limited Liability Company operating lawfully under the State of Florida document number **L10000022480**, known under the company name of **DeRosier Loss Consulting, LLC** have decided this company is no longer needed.

The same agent and managers formed the company **DeRosier, Inc. (P10000073603)** and no longer have a use for the Limited Liability Company and wish **DeRosier Loss Consulting, LLC** to be listed as inactive with the Florida Department of State.

Michael R. Koland 4-12-11 Nancy J. Koland 4/12/11
Michael R. Koland (Reg. Agent & MGR) DATE Nancy J. Koland (MGRM) DATE

State of Florida
County of Duval

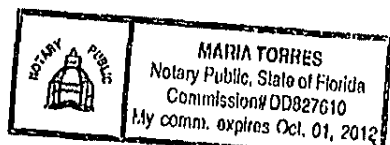
On April 12 2011, before me, Maria Torres,
(date) (notary)

personally appeared, Michael R. Koland and Nancy J. Koland.

☐ personally known to me --OR--

☒ proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities and that by their signatures on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal



(seal)

Maria Torres
(notary signature)

DeRosier, Inc.