

Division of Corporations

L11000260234Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : T19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098**FILED**
11 OCT 31 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LLC DISSOLUTION OR WITHDRAWAL
ROSFEL IMPROVEMENT, LLC.**

Certificate of Status	0
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D. BRUCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is

ROSFEL IMPROVEMENT, LLC

2. The date the dissolution was approved: October 31, 2011

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

Voluntary dissolved under partners
agreement Company did not reach
the Objectives.

4. 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 s. 608.4421.

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

6. 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.

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

Signature

[Signature]

Typed or Printed name

Lina Ore

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TALLAHASSEE, FLORIDA

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