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(Requestor's Name)
(Address)
(Addless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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Registration Section
Division of Corporations

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SUBJECT:

(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:

Stacee Peltz	
(Name of Person)	
D-Rock's Fro-Yo Truck LLC	
(Firm/Company)	
7871 Twin Eagle Lane	
(Address)	
Ft. Myers, FL 33912	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Stacee Peltz

at (239 910-4740 (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 liabil	lity company is			
D-ROCK'S FRO-YO T	RUCK LLC			·•
2. The Articles of Organization	n were filed on July 5, 20	12	_ and assigned	
document number L12000	0087412			
3. The delayed effective date (effective	the dissolution if not effecti date cannot be prior to or more the	ve on the date of filing an 90 days later than date of	;; document is received for	filing)
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited (copy 605.0707 on back cov	liability company's di er letter).	ssolution pursuant to	o section
Circumstances make it	impossible to continue	this business.		
5. If there are no members, en	ter the name and address of	the person appointed t	to wind up the comp	any's
activities and affairs:	Stacee Peltz and/or F	tosalie J. Snyder		
	7871 Twin Eagle Lan	8		
	Ft. Myers, FL 33912		IALI	S 5
			AHA.	JAN
6. Signature of an authorized listed above to wind up the cor	person or if there are no me npany's activities and affair	nbers, the signature of	f the person appoints	ad and
		Posolio I Soudor	AID/ AID/	
Signature	<u> </u>	Rosalie J. Snyder	Name	

FILING FEE: \$25.00