

L12000091389

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

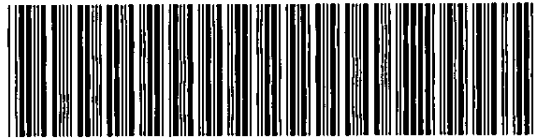
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Sign*

Office Use Only



600282218556

02/16/16--01028--014 \*\*25.00

FILED  
2016 MAR -3 PM 2:36  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR -4

# Margaret A. McClary

3795 Watermelon Lane  
New Smyrna Beach, Florida 32168

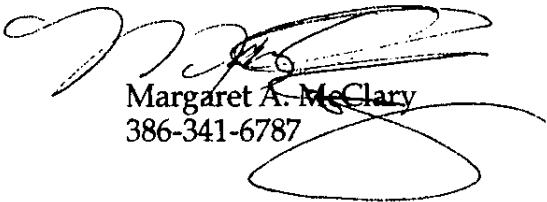
February 12, 2016

Registration Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir,

Attached, please find Articles of Dissolution for Myfotorose, LLC and a check in the amount of \$25.00 to cover the cost of such dissolution.

If further information is needed, please contact me.



Margaret A. McClary  
386-341-6787



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2016

MYFOTOROSE, LLC  
MARGARET A MCCLARY  
3795 WATERMELON LN  
NEW SMYRNA BEACH, FL 32168

SUBJECT: MYFOTOROSE, LLC  
Ref. Number: L12000091389

We have received your document for MYFOTOROSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 216A00003523

RECEIVED  
2016 MAR -3 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Myfotorose  
\_\_\_\_\_  
(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:

Margaret A. McClary

\_\_\_\_\_  
(Name of Person)

Myfotorose

\_\_\_\_\_  
(Firm/Company)

3795 Watermelon Lane

\_\_\_\_\_  
(Address)

New Smyrna Beach, Florida 32168

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Margaret McClary

386

341-6787

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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**

FILED

2016 MAR -3 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Myfotorose

2. The Articles of Organization were filed on June 16, 2012 and assigned  
document number L12000091389

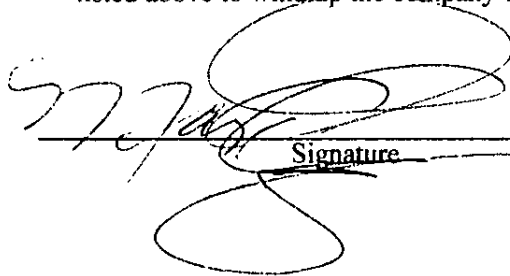
3. The delayed effective date the dissolution if not effective on the date of filing: 2/15/2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).  
Myfotorose, was not making enough money to continue

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Margaret McClary

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:



Signature

Margaret McClary

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Myfotorose

Name of Limited Liability Company: \_\_\_\_\_

L12000091389

Document number of Limited Liability Company is: \_\_\_\_\_

2/15/15

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

none

FILED  
2016 MAR -3 PM 2:38  
TALLAHASSEE, FLORIDA

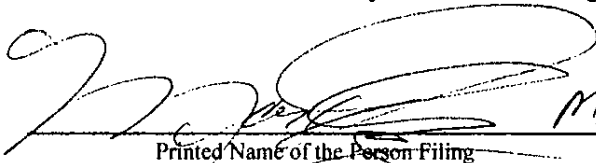
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3795 Watermelon Lane

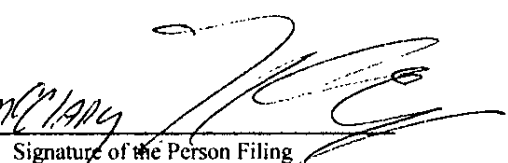
New Smyrna Beach

Florida 32168

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

  
Printed Name of the Person Filing

MARGARET A. MCCARTHY

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00