

L 12 000 107 738

Via

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

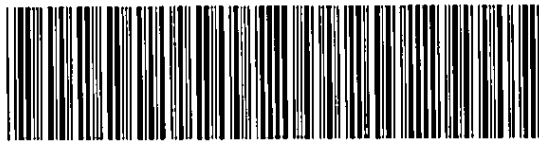
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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 JAN -3 AM 11:26

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT :

Cheryl Rose
\$25.00

ORDER DATE :

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILINGS

NAME: Cheryl Rose, LLC



ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:



CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cheryl Rose, 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:

Cheryl Rosenberg

(Name of Person)

(Firm/Company)

1146 Wilde Dr

(Address)

Kissimmee, FL 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Rosennerg

(Name of Person)

716

704-8068

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

Cheryl Rose, LLC

2. The Articles of Organization were filed on August 21, 2012 and assigned

document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

Property owned by LLC was sold.

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

1146 Wilde Dr

Kissimmee, FL 34747

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:

Cheryl Rosenberg
Signature

Cheryl Rosenberg

Printed Name

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SECRETARY OF STATE
TALLAHASSEE, FL