

L12000 133573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

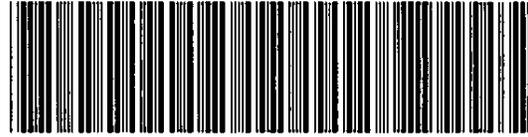
(Business Entity Name)

(Document Number)

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10:57:00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Regional Offshore Services, 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:

Suzanne Beach  
(Name of Person)

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

P.O. Box 806  
(Address)

DESTIN, FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Beach at ( 850 ) 650-1792  
(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

1. The name of a limited liability company is

Regional Offshore Services, LLC

2. The Articles of Organization were filed on 10/19/2012 and assigned

document number L12000133573

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)

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).

This LLC was set up, but no business was conducted.

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

Suzanne Beach

P.O. Box 806

Neston, FL 32540

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

SUZANNE BEACH  
Printed Name

FILING FEE: \$25.00

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