

L12000 133573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

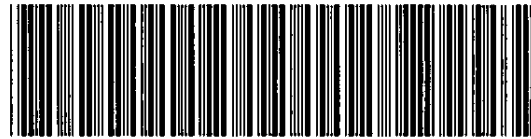
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10:50

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

(Name of Person)

at (850) 650-1792

(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 is 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

Melton, 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:

Suzanne Beach
Signature

SUZANNE BEACH
Printed Name

FILING FEE: \$25.00

14 JUL 21 AM 11:56