L13000054256

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	-
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



07/17/14--01025--018 **25.00

SECRETARY OF WALL DIVISION OF CORPORATIONS 14 JUL 17 PH 3: 37

JUL 17 2014 J. HARRIS

COVER LETTER

TO: **Registration Section Division of Corporations**

Rockfill Consolidated Properties, LLC

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:

Joseph Siska (Name of Person) Port Consolidated, Inc. (Firm/Company) PO BOX 350430 (Address) Fort Lauderdale, FL 33335 (City/State and Zip Code) For further information concerning this matter, please call: Joseph Siska 954 377-1010 at ((Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: \$55.00 Filing Fee, Certificate of Dissolution &

\$25.00 Filing Fee and 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

--- I

•

.

,

1.	The name of a limited liab Rockfill Consolidated	
2.	The Articles of Organizati	on were filed on <u>4/12/2013</u> and assigned
	document number L1300	00054256
3.	The delayed effective date (effecti	the dissolution if not effective on the date of filing:
4.	A description of occurrent 605.0707, Florida Statutes	ce that resulted in the limited liability company's dissolution pursuant to section , (copy 605.0707 on back cover letter).
	Business was never s	tarted.
5.	If there are no members, e	nter the name and address of the person appointed to wind up the company's Joseph Siska
		PO BOX 350430
		Fort Lauderdale, FL 33335
6. lis	Signature of an authorized sted above to wind up the c	I person or if there are no members, the signature of the person appointed and ompany's activities and affairs:

Joseph R. Siska	***
Printed Name	Ļ
G FEE: \$25.00	
	r Fri
	بب
	Printed Name G FEE: \$25.00