

L14000060719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 APR 24 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED MAY 01 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** English Rose Vintage Shoppe 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:

Stacy McDuffie

(Name of Person)

English Rose

(Firm/Company)

PO Box 323

(Address)

Tavares, FL 32778

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy McDuffie

(Name of Person)

407

at ( )

733-6932

(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  
English Rose Vintage Shoppe LLC
2. The Articles of Organization were filed on April 14, 2014 and assigned  
document number L14000060319
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).  
No members are able to conduct further business due to other obligations.  
The LLC operated at a full loss for year April 2014-2015.  
There are no funds to conduct any further business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Stacy McDuffie  
po box 323  
Tavares, FL 32778
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

Stacy McDuffie  
Printed Name

**FILING FEE: \$25.00**

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ALLAHABAD, FLORIDA