# LKUWOTYS

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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08/27/15--01022--002 \*\*25.00

AUG 2 8 2015 S. YOUNG

## **COVER LETTER**

TO:

Registration Section Division of Corporations

**SUBJECT: Rosincamp Solutions 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:

Benjamin A Street

(Name of Person)

Rosincamp Solutions LLC

(Firm/Company)

495 Grand Boulevard, suite 206

(Address)

Miramar Beach, FL 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

**Benjamin Street** 

\_,850

269-6800

\_\_\_

(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 limite	ed liability compar	ny is		
Rosincamp Solutions	LLC			<b></b> •
2. The Articles of Orga	unization were file	d on 20 June 2014	and assigned	
document number	.14000099455			
Note: If the date inse	erted in this block do	tion if not effective on the date of be prior to or more than 90 days later tha bes not meet the applicable statutory to the Department of State's records.	ii ditte doedilielit is received for mini-	) not be
605.0707, Florida St	atutes, (copy 605.0	ted in the limited liability compan 0707 on back cover letter).	y's dissolution pursuant to sec	tion
No Business-consent o	of all members			-
				-
				_
5 If there are no mami	hara antar the nam	ne and address of the person appo	inted to wind up the company	_ 'c
activities and affairs	Daniamir	n A. Street	inica to wind up the company	3
activities and arrans				_
	495 Gran	nd Boulevard, Suite 206		_
	Miramar	Beach, FL 32550		
				_
				<u> </u>
6. Signature of an auth	orized person or it	f there are no members, the signal	ture of the person appointed ar	<u>id:</u> _
listed above to wind up	the company's ac	tivities and arrairs.	. 27	S F
			Γι <sup>**</sup> 1 · · ·	7
BADI		Benjamin Street	$\mathcal{A}_{i}$	<b>≅</b> □
Sign	nature	P	rinted Name	Ω Ď
•		FILING FEE: \$25.00	- <u> </u>	స