# #14000139815

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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K. SALY EXAMINER JAN - 5 2015

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROOFTOP VENTURES 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:
Laven Krewtzberg (Name of Person)
Roo Hop Vern res Luc (Firm/Company)
(Firm/Company)
500/ River HII Rel (Address)
Bethes Da, MD 20816 (City/State and Zip Code)
For further information concerning this matter, please call:
Begon Ruscof at (727) 698-0267  (Name of Person) at (727) 698-0267  (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

FILED

1. The name of a limited liability	y company is		Strong	PM 2. 0.
K60 Ftop 1	lenivres		SECRETAIN	00.0
2. The Articles of Organization document number <u>L14</u>		F/4	SECRETARY FALL AHASSEE and assigned	·FLORIDA
3. The delayed effective date the (effective date)	e dissolution if not effectivate cannot be prior to or more the	e on the date of filing an 90 days later than date d	cocument is received for filing)	
4. A description of occurrence to 605.0707, Florida Statutes, (co	hat resulted in the limited lopy 605.0707 on back cove	iability company's dis er letter).	ssolution pursuant to sect	ion
PROJECTED MATER	Rén ESMO	Purchase To	DO NOT	
5. If there are no members, enter activities and affairs:	r the name and address of t	he person appointed t	o wind up the company's	
6. Signature of an authorized pe listed above to wind up the com	rson or if there are no men pany's activities and affairs	s:	the person appointed and	
Signature		Printed	Name /	

**FILING FEE: \$25.00**