L1600010843

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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D. BRUCE JAN 0 8 2017



December 16, 2016

SIGNE M. KASTBERG 114 SW 11TH AVE BOYNTON BEACH, FL 33435

SUBJECT: ROWYBS, LLC Ref. Number: L16000010843

We have received your document for ROWYBS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 616A00026762



COVER LETTER

Division of Corporations
SUBJECT: ROWYBS 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:
Signe M. Kastberg (Name of Person)
ROWYBS LLC
(Firm/Company)
114 SW 11th Ave 題号
Boynton Beach FL 33435 (City/State and Zip Code) (Firm/Company) ASEL OF THE STATE
For further information concerning this matter, please call:
Signe M. Kasther at (585) 944-4812 (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

FILE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
ROWYBS LLC
2. The Articles of Organization were filed on 1/21/16 and assigned
document number <u>L 16 006018843</u>
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
 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).
I ran out of money.
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5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Signe M. Kastberg
114 SW 11th Ave
Boynton Beach FL 33435
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:
XKaxles Siene Kasther
Signature Printed Name

FILING FEE: \$25.00