# 16000053372

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Name)			
(Document Number)				
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# **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC			
	(Name of Limited Liability Company)		
The encl	osed Articles of Dissolution and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this matter to the following:		
	JAMES F. KNIGHT		
	ROCK-N-GROW (Firm/Company)		
	900 WALKERS GROVE W.		
	WINTER GARDEN FL 34787 (City/State and Zip Code)		
For further information concerning this matter, please call:			
	(Name of Person) at (407) 341-3801 (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 Rock 'N GROW LLC.	
2.	The Articles of Organization were filed on $3/9/2016$ and assigned	
	document number <u>L1600005337</u> 2	
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.	
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).	
	- Business no longer viable; has been and dormant for months	
	- Members (James F. KNIGHT: KATHLEEN WOOD) ARE	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	16 16
	Busines	22
5. iis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	JAMES F. KNIGHT	
	Signature Printed Name FILING FEE: \$25.00	