L16000090055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4/17/18 CR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEET ROSE SOAPS, 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:

CONCHITA TELLECHEA
(Name of Person)

SWEET ROSE SOAPS, LLC
(Firm/Company)

15489 MIAMI LAKEWAY N. #106
(Address)

MIAMI LAKES, FL 33014
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CONCHITA TELLECHEA at (305) 479-8263
(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 limited liability company is
SWEET ROSE SOAPS, LLC

2. The Articles of Organization were filed on MAY 19, 2016 and assigned document number L16000098055

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).
SWEET ROSE SOAPS, LLC
DUE TO SEVERE BACK PAIN, I AM UNABLE TO MAKE MY SOAPS OR SELL THEM. CAN NOT STAND FOR TOO LONG.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: CONCHITA TEILECHEA, sole OWNER & MANAGER
15489 MIAMI LAKEWAY N. #196
MIAMI LAKES, FL 33014

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

CONCHITA TEILECHEA
Printed Name

FILING FEE: $25.00