

216000 200 6043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

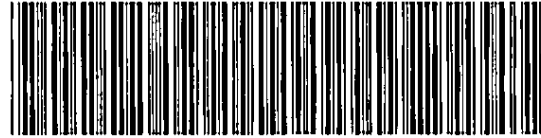
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400321249984

12/17/18--01023--006 **25.00

FILED
18 DEC 17 PM 5:10
TALLAHASSEE, FLORIDA

K SALY
JAN 7 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rose Enterprises of North Florida, 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:

M. Seth Reeves

(Name of Person)

Reeves + Reeves Law Office

(Firm/Company)

P.O. Box 1341

(Address)

Corbin, KY 40702

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Seth Reeves

(Name of Person)

at (606) 528-4376

(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

F-10
18 DEC 17 PM 5:10
TALLAHASSEE
FLORIDA

1. The name of a limited liability company is

Rose Enterprises of North Florida, LLC

2. The Articles of Organization were filed on 11/2/2016 and assigned

document number L16000200643

3. The delayed effective date the dissolution if not effective on the date of filing: January 1, 2019
(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).

Consent of the members, George B. Rose and
Norma J. Rose, as evidenced by their
respective signatures hereto.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

George B. Rose

Norma J. Rose

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:

George B. Rose
Norma J. Rose
Signature

George B. Rose
NORMA J. ROSE
Printed Name

FILING FEE: \$25.00