

N18000254727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

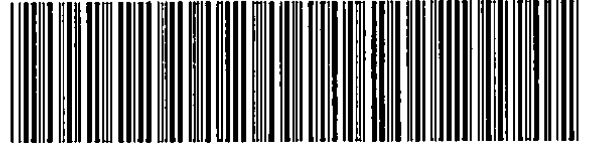
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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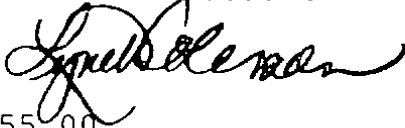
2019 AUG 14 AM 11:50
FILED

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T GLASS

AUG 15 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 885486 7863370
AUTHORIZATION : 
COST LIMIT : \$ 55.00

ORDER DATE : August 14, 2019
ORDER TIME : 1:52 PM
ORDER NO. : 885486-005
CUSTOMER NO: 7863370

DOMESTIC FILINGS

NAME: ROVEN ROAD ASSOCIATES, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER'S INITIALS: _____

2019 AUG 14 AM 11:50

REMOVED
AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROVEN ROAD ASSOCIATES, 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:

STANLEY JACOBSON

(Name of Person)

ROVEN ROAD ASSOCIATES, LLC

(Firm/Company)

7525 TARPON COVE CIRCLE

(Address)

LAKE WORTH, FL 33467

(City/State and Zip Code)

2019 AUG 14 AM 11:50

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AND
FILED

For further information concerning this matter, please call:

STANLEY JACOBSON

(Name of Person)

at (561) 439-4277

(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

ROVEN ROAD ASSOCIATES, LLC

2. The Articles of Organization were filed on _____ and assigned

document number _____

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).

ROVEN ROAD ASSOCIATES, LLC has ceased
to do business.

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

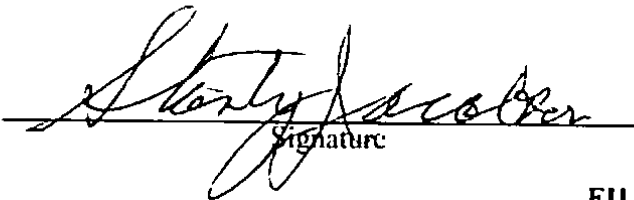
activities and affairs:

STANLEY JACOBSON

7575 TARPON COVE CIRCLE

LAKE WORTH, FL 33467

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

STANLEY JACOBSON
Printed Name

FILING FEE: \$25.00

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