## 49000127051

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O SIMMONS
JUN 24 2021



March 7, 2020

MAYOLO BAUTISTA 3019 TRINITY COTTAGE DR LAND O LAKES, FL 34638

SUBJECT: NANCY & CAMILA ROSES, LLC

Ref. Number: L19000127051

We have received your document for NANCY & CAMILA ROSES, LLC and your check(s) totaling \$43.75. 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) 245-6050.

Letter Number: 120A00005047

Terri J Schroeder Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: NANCY E CAMILA KOSES 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:

MAYOLO BAUTISTA
(Name of Person)
NANCY E CAMILA ROSES 1LC
•
3019 TRINITY COTTAGE DR.
LAND'O LAKES, FLA. 34638 (City/State and Zip Code)
(City/State and Zip Code)

For further information concerning this matter, please call:

MAYOLO BAUTISTA at ( 813 ) 403-8976
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

\$555.00 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 Address:

**Registration Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 2021 JUN 23 PM 5: 15

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1. The nam	ne of a limited liability co	ompany is Y <i>E CAMI</i>	ILA ROSE	5 44c	. n :	3. · · ·
2. The Arti	icles of Organization wer	•			ssigned	
documer	nt number <u>L1900</u>	0/2705	1			
<u>Note:</u> I	ayed effective date the dis (effective date of If the date inserted in this bloom the document's effective de	ock does not meet t	the applicable statu	tory filing requirer	t is received fonents, this dat	<b>ZO</b> r filing) e will not b
4. A descri 605.0707	iption of occurrence that r 7. Florida Statutes, (copy	resulted in the lin 605.0707 on bacl	nited liability con k cover letter).	pany's dissolution	on pursuant t	o section
	HE COMPANY					•
^	PEPAILTMEN IEVEIL CONDI INLY IN EXP	UCTED I	any Bus	SINE 55, 1		
	are no members, enter the				up the comp	any's
activities	s and affairs:	MA	740LO B.	QUTISTA	7	
		30	19 TRINI	TY COTTA	GE DR	·
		LA	WD'O LA	TKES, FLA	9.346 <u>3</u>	8
5. Signaturabove to wi	re of an authorized person ind up the company's acti	or if there are no vities and affairs	o members, the si	gnature of the per	rson appointe	ed and list
×		_	M	avala R	AUTIS	10
	Signature			Printed Name	114112	///

FILING FEE: \$25.00