119000175589

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





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COVER LETTER

-	gistration Section vision of Corporations		
SUBJECT:	ROSE FLAMINGO (Name of Limi	CAFELLC	
	(Name of Limit	ted Liability Company)	
The encloses	d Articles of Dissolution and fee(s) are submi	tted for filing.	
Please return	n all correspondence concerning this matter to	the following:	
	Andres	Loore 7 me of Person)	
(Firm/Company)			
	6899 Collins	Avenue Suite 1210	
	Miani Beach (City/St	A Jenue Suite 1210 (Address) FL 33141 ate and Zip Code)	
For further information concerning this matter, please call:			
_1	Andres Lopez (Name of Person)	at (786) 626-97855 (Area Code & Daytime Telephone Number)	
Enclosed is a	a check for the following amount: 15.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Re D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is ROSE FLAMENGO CAFE LLC
1. The name of a limited liability company is ROSE FLAMINGO CAFE, LLC
2. The Articles of Organization were filed on July 8, 2019 and assigned
document number <u>L 19000 175 589</u>
3. The delayed effective date the dissolution if not effective on the date of filing: Feb. 10, 2020 reffective 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). Decided not to pubsive 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: Andres Lopez
1899 Collins Avenue Suite 1210
Miami Beach FC 33141
6. Signature of an authorized person or in there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Andres Lopez Printed Name
Signature Printed Name FILING FEE: \$25.00