

L20000096281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

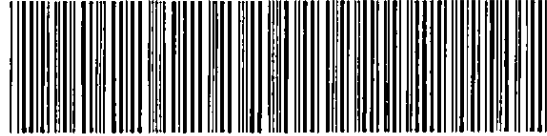
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/20--01012--003 **25.00

2020 APR 21 A 11:55

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LLC
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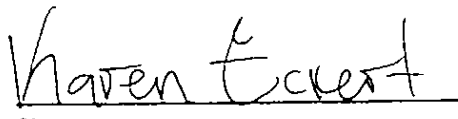
APR 22 2020

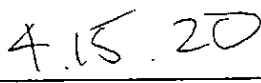
D CONNEL

AFFIDAVIT

I, KAREN ECKERT, will allow anyone from this day forward, April 15, 2020, to use the name
"ROOF ARMY LLC" that is currently in use by the Florida LLC with the Document
#L20000096281. The reason I am allowing anyone to use this name is because I am filing the
Articles of Dissolution this April 15, 2020


Name


Signature


Date

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROOF ARMY 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:

KAREN ECKERT

(Name of Person)

(Firm/Company)

1437 MARKET ST

(Address)

TALLAHASSEE FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN ECKERT

(Name of Person)

850

815 0256

at (

_____) _____
(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 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**

1. The name of a limited liability company is

ROOF ARMY LLC

2. The Articles of Organization were filed on 4/3/20 and assigned

document number L20000096281

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).

Decided to close company

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

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

Karen Everett
Printed Name

FILING FEE: \$25.00

2020 APR 21 A 11:55

FILED