

L20000367272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

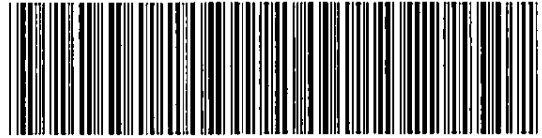
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*[Handwritten Signature]*



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23 FEB 21 AM 6:55

RECEIVED  
FEB 21 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Rose Agency 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:

Alexann Brown  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

650 NE 191st Terrance  
(Address)

Miami, FL 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexann Brown at (484) 320-0268  
(Name of Person) (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

23 FEB 21 AM 6:55

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Rose Agency LLC

2. The Articles of Organization were filed on 11/19/2020 and assigned

document number L20000367272

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).

I'm requesting to dissolve the LLC "The Rose Agency"  
due to the lack of business occurred within the LLC.

As of today, no money has been earned, no transactions  
have been made, or no profit has occur with this LLC.

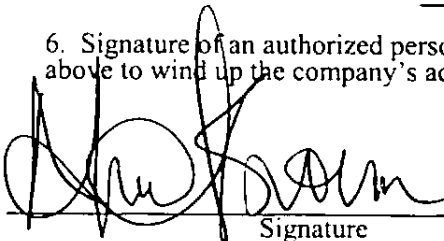
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Alexann Brown

650 NE 191st Terrace

Miami, FL 33179

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

Alexann Brown  
Printed Name

**FILING FEE: \$25.00**

23 FEB 21 AM 6:51  
DEPT OF STATE

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: The Rose Agency LLC

Document number of Limited Liability Company is: L20000367272

Date of dissolution was: 01/01/2023

Description of information that must be included in a written claim:

Requesting that the following LLC be dissolved  
due to the lack of business conducted within  
this LLC. As of today, no profit has been  
made, no transactions have been received,  
and no money has been made.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

650 NE 191st Terrance  
Miami, FL 33179  
\_\_\_\_\_  
\_\_\_\_\_

23 FEB 21 AM 6:55  
DIVISION OF CORPORATIONS

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Alexann Braun  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing