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76			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Cpostal molitudition to 1 ming cimedi.			

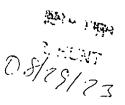
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Ringeding	g International LLC Notice	of Dissolution	
DOCUMENT NUM	BER:		
The enclosed Notice	of Limited Liability C	Company Dissolution and	I fee are submitted for filing.
Please return all corre	espondence concerning	this matter to the following	ng:
Thomas Joa			
	(Name of C	Contact Person)	
BridgehouseLaw LLP			201
	(Firm	/Company)	
112 South Tryon Street,	Suite 1100		2023 AUG 29
	(Ad	dress)	
Charlotte, NC 28284			Ħ 12:
	(City/State	e and Zip Code)	PH 12: 40
For further information	on concerning this matt	er, please call:	
Thomas Joa		at (980) 219-	5226
(Name of Contact Person)		(Area Code) (1	Daytime Telephone Number)
Enclosed is a check f	or the following amoun	it:	
\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$60 Filing Fee, Certificate of Status & 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	

Notice of Limited Liability Company Dissolution

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:	
Document number of Limited Liability Company is:	
Date of dissolution was: July 31, 2023	
Description of information that must be included in a written claim:	
The amount and basis for any claims against the LLC	
	20 20
	2823 AUG
	e 2
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations	s) 5
112 South Tryon Street, Suite 1100, Charlotte, NC 28284	_
	_
	_
	_
A claim against the above named limited liability company will be barred unless a proceeding to commenced within 4 years after the filing of this notice.	enforce the claim is
Thomas Joa	
Printed Name of the Person Filing Signature of the Person I	Filing