# 10200006650

	(Req	uestor's Nam	e)		
(	(Addi	ress)			
(	(Add	ress)			
. (	(City/	/State/Zip/Pho	one #)		
PICK-UP	,	☐ WAIT		MAIL	
	(Busi	iness Entity N	ame)		
;			,		
(	Doci	ument Numbe	er)		
Certified Copies		Certificat	es of S	Status	
Special Instructions	to Fi	iling Officer:	<u>.</u>		

Office Use Only

NO \$



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FILED 2009 APR -3 PM 4: 07 SECRETARSEE, FLORIDI

T. CLINE

APR - 6 2009

**EXAMINER** 



March 26, 2009

MARGARET KOPRIVA 3757 COASTAL VIEW DR JACKSONVILLE, FL 32250

SUBJECT: RAMCORE, LLC Ref. Number: L02000006650

We have received your document for RAMCORE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained our pending file. Please return a copy of this letter to ensure that your checks properly credited.

Please return your document, along with a copy of this letter, within 60 day your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 309A00010222

# **COVER LETTER**

	ration Section on of Corporations
SUBJECT: _	RAMCORE, LLC (Name of Limited Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
	MARGARET KOPRIVA  (Name of Person)
	TARECA TO
	(Firm/Company)  3757 COASTAL VIEW DR (Address)  JA-CV SOLUM 1 F. F. 3225
	(Address)
	JA-CKSONUILLE, FL 3225 OFF 5 (City/State and Zip Code)
For further info	rmation concerning this matter, please call:
Ma	(Name of Person) at (904) Le La 2 - Le 2 6 7 (Area Code & Daytime Telephone Number)
Enclosed is a che	ck for the following amount:
\$25.00 Filing I	Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company	' is
	ORE, LLC
	n MARCH 20, 2001 and assigned document number
3. The date the dissolution was approved:/	APRIL 1, 2009.
4. A description of occurrence that resulted i 608.441, Florida Statutes, (copy 608.441 of Property he	
- Froperty Me	TO DY THE LAC WAS STATE
	ET C
5. CHECK ONE:	RATION OF
-OR-	ies of the limited liability company have been paid or discharged.  de for the debts, obligations and liabilities pursuant to s. 608.4421.
	een distributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending agains -OR- Adequate provision has been mad entered against it in any pending s	de for the satisfaction of any judgment, order or decree which may be
ignatures of the members having the same perc	centage of membership interests necessary to approve the dissolution:
Signature	Printed Name
Margaret Kopriva	Margaret Kopriva