102 0000/0458

(Re	questor'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



300043605553

01/03/05--01038--016 **25.00

SECRETARY OF STATE

(02-10458)

Bauer & Associates

A Professional Association

KIRK T. BAUER STEPHEN J. BRAUN POST OFFICE BOX 459 223 SOUTH WOODLAND BOULEVARD DELAND, FLORIDA 32721-0459

www.delandattomeys.com

TELEPHONE: (386) 734-3313 FAX: (386) 738-0424

E MAIL: kbauer@delandattorneys.com

December 28, 2004

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE:

Rick's Charters, LLC

Dear Sirs:

Enclosed please find an original and copy of Articles of Dissolution for Rick's Charters, LLC, a Florida limited liability company, together with a check in the amount of \$25.00 in payment of your fee. Please forward confirmation of this dissolution in the enclosed self-addressed stamped envelope.

Should you have any questions concerning this matter, please contact me at your convenience. Thank you for your assistance.

Sincerely,

BAUER & ASSOCIATES

torneys at Law, P.A.

Kirk T. Bauer

KTB:rnh Enclosure SECRETARY OF STATE

FILED

TRANSMITTAL LETTER

	tion Section of Corporations		
SUBJECT:	RICK'S CHARTERS, LLC		
·	(Name of I	imited Liability Company)	
The enclosed Art	icles of Dissolution and fee(s) are sub	mitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	KIRK T. BAUER, ESQU	IRE	
		(Name of Person)	
	BAUER & ASSOCIATES A	ATTORNEYS AT LAW, P.A.	
		(Firm/Company)	
	POST OFFICE BOX 459		
		(Address)	
	DELAND, FL 32721-045	59	
	(Cit	y/State and Zip Code)	
For further inform	nation concerning this matter, please o	call;	
-	KIRK T. BAUER	at (386) 734-3313	
	(Name of Person)	(Area Code & Daytime Telephor	e Number)
Enclosed is a check	for the following amount:		
X ⊠ \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0.00 Filing Fee, cate of Status & ied Copy (Spending Fee) (Spendin
	STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	-3 SSEE
	Division of Corporations	Division of Corporations	ES E
	409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314	REAT :

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

The date the dissolution was approved: 12/31/04 description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.441	4
	limited liability company's dissolution pursuant to l on back of cover letter).
William R. Bowes, Manager/Member died	on May 2, 2004.
CHECK ONE: All debts, obligations and liabilities of the limited I OR- Adequate provision has been made for the debts, ob	bligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distrib espective rights and interests.	outed among its members in accordance with their
CHECK ONE: There are no suits pending against the company in a OR- Adequate provision has been made for the satisfactive entered against it in any pending suit.	•
natures of the members having the same percental dissolution:	age of membership interests necessary approve
FOOTATON BONES.	Typed or Printed name
	of the ESTATE OF WILLIAM BOWES
	9 A