12020000/6368

(Requestor's Name) (Address) (Address)	SECRETARY OF STATE TALLAHASSEE, FLORIDA 800013682188
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	_ 03,10/0301092021 **30.80
Special Instructions to Filing Officer:	A

Office Use Only



p. 1

Henry A. Deppe 1629 Royal Palm Way Boca Raton, Florida 33432

FILED 03 MAR 11 AM 9:58

SECRETARY OF STATE IALLAHASSEE, FLORIDA

Tel: 561-391-3315, Fax: 561-394-6056

Florida Division of Corporations PO Box 6327 Talahassee, Florida 32314

Re: Dissolution of Restaurant Associates LLC

Dear Sir/Madam:

Kindly find enclosed all pertinent forms in order to file for a Dissolution of Restaurant Associates LLC.

Also please find enclosed my check in the amount of \$30.00 covering the Filing Fee of \$25.00 and \$5.00 for a Certificate of Status.

Thank you,

Managing Member

ARTICLES OF DISSOLUTION FOR

FILED

A FLORIDA LIMITED LIABILITY COMPANY

03 MAR 11 AM 9: 56

 The effective date of the limited liability company's dissolution is	
4. CHECK ONE: All debts, obligations and liabilities of	f the limited liability company have been paid or discharged.
OR- Adequate provision has been made for	r the debts, obligations and liabilities pursuant to s. 608,4421.
All remaining property and assets have respective rights and interests.	e been distributed among its members in accordance with their
6. CHECK ONE: There are no suits pending against the -OR-	company in any court.
	r the satisfaction of any judgment, order or decree, which may it.
Signatures of the members having the sar dissolution:	me percentage of membership interests necessary to approve the
Signature	Typed or Printed name
Hand Deft	Henry A. Deppe
Florence Deppe	Florence Deppe

Filing Fee: \$25.00