

L03000003286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

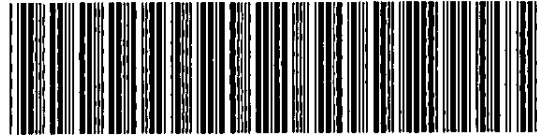
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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07/08/16--01004--015 \*\*25.00

FILED

2016 JUL -8 AM 5:54

16 JUL -8 PM 2:04

RECEIVED  
DEPARTMENT OF STATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SUFFICIENT FOR FILING

K. SALY  
EXAMINER

JUL 11

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

RIMAR 2, LLC

L03000003286

☐ Nonprofit

☐ Foreign

☐ Limited Partnership

☐ LLC

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

☐ Amendment

☒ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Call If Problem

☐ Will Wait

KM

7/8/2016

☐ Merger

☐ Mark

☐ Other

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

Order#:

10078549

Ref#:

Amount: \$

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2016 JUL -8 AM 5:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
RIMAR 2, LLC

2. The Articles of Organization were filed on 01/28/2003 and assigned  
document number ~~L020000020759~~ L03000003286

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).

No Business Activity Remaining  
ALL ASSETS SOLD

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

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:

Marie Wackenhut  
Signature

MARIE WACKENHUT  
Printed Name

FILING FEE: \$25.00