L04000065751

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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16 DEC 20 AH 9: 29 OLVISION OF CORRESPONDENCE

O SIMMONS DEC 28 2016



December 22, 2016

CSC MELISSA ZENDER

SUBJECT: RAB-SMC, LLC Ref. Number: L04000065751 Please give original submission date as file date.

We have received your document for RAB-SMC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 516A00027176

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 432147 7448543

AUTHORIZATION: Spelle Rea

COST LIMIT : \$ 25.00

ORDER DATE: December 20, 2016

ORDER TIME : 10:25 AM

ORDER NO. : 432147-010

CUSTOMER NO: 7448543

DOMESTIC FILINGS

NAME: RAB-SMC, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS:

COVER LETTER

Division of	Corporations		
RAB-	SMC, LLC		
	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitted	d for filing.	
Please return all corr	respondence concerning this	matter to the following	; :
Kim Taylor			
	(Name of Person)		-
Benderson Dev	velopment Company,	LLC	
	(Firm/Company)		-
7978 Cooper C	reek Blvd, Suite 100	•	
	(Address)		-
University Park	, GL 34201		
	(City/State and Zip Cod	c)	-
For further informati	ion concerning this matter, p	lease call:	
Kim Taylor		941 at (360-7259
(N	ame of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:	•	
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited li RAB-SMC, LLC	ability company is			
2. The Articles of Organiz	ation were filed on 09/03/2004 and assigned			
document number L040	00065751			
(effe Note: If the date inserted	ate the dissolution if not effective on the date of filing: ctive date cannot be prior to or more than 90 days later than date document is received for filing) I in this block does not meet the applicable statutory filing requirements, this date will not beffective date on the Department of State's records.	be		
4. A description of occurre 605.0707, Florida Statut	ence that resulted in the limited liability company's dissolution pursuant to section es, (copy 605.0707 on back cover letter).	ì		
RAB-SMC, LLC is no longer transacting business in Florida				
• • •)		
		3 [
5. If there are no members activities and affairs:	David H. Baldauf			
activities and arians.	7978 Cooper Creek Blvd, Suite 100	29		
	University Park, FL 34201			
6. Signature of an authorize listed above to wind up the	zed person or if there are no members, the signature of the person appointed and company's activities and affairs:			
HR Signatu	David H. Baldauf, Manager			
Signatu	re Printed Name			

FILING FEE: \$25.00