

LOS 000 112659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

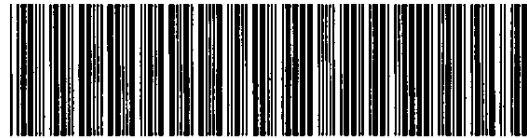
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/10/14--01028--013 **25.00

FILED
14 OCT 10 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stavers OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAH Advertising LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Ann Hicks

(Name of Person)

RAH Advertising LLC

(Firm/Company)

6635 Highway Avenue

(Address)

Jacksonville, FL 32254

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Hicks

(Name of Person)

904

at ()

354-7004

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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
RAH Advertising LLC
2. The Articles of Organization were filed on November 21, 2005 and assigned
document number L05000112059
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)
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).
Business is closed

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:

R. Ann Hicks
Signature

R. Ann Hicks, MgrM
Printed Name

FILING FEE: \$25.00

14 OCT 10 AM 10:25
SECRETARY OF STATE
ALABAMA STATE FLORIDA

FILED