

L060000002135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

L06-2135

(Document Number)

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

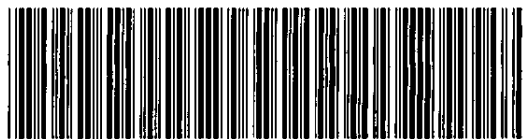
Special Instructions to Filing Officer:

**A. LUNT**

APR 23 2009

**EXAMINER**

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200147874912

04/03/09--01013--015 \*\*25.00

FILED

2009 APR 22 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2009

RAYMOND L. ROBINSON ESQ  
1501 VENERA AVE. SUITE 300  
CORAL GABLES, FL 33146

SUBJECT: ROBINSON FAMILY MANAGEMENT COMPANY, LLC  
Ref. Number: L06000002135

We have received your document for ROBINSON FAMILY MANAGEMENT COMPANY, 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):

The document must contain the effective date of the limited liability company's dissolution.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 309A00011465

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robinson Family Management Company 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:

Raymond L. Robinson ESQ  
(Name of Person)

(Firm/Company)

1501 Venera Av, Suite 300  
(Address)

Coral Gables FL 33146  
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzey Robinson at (305) 662-7618  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

Robinson Family Management Company LLC

2. The Articles of Organization were filed on 1-6-06 and assigned document number

L06000002135

3. The date the dissolution was approved: 12-9-09

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

The only asset was sold, therefore  
need to dissolve LLC

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Robert S. Robinson Jr.

Printed Name

Robert S. Robinson Jr.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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