

L 06 000 045 771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

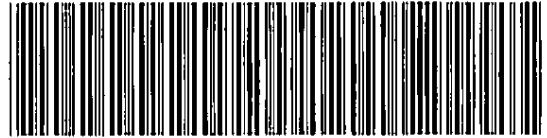
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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6/20/23
VLL

STATE

2023 APR 17 PM 4:48

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

RLP Management, LLC

2. The Articles of Organization were filed on 05/02/2006 and assigned

document number ~~H06000123502~~

LO60000 45771

3. The delayed effective date the dissolution if not effective on the date of filing: May 31, 2023
(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).

Property held by LLC is being 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:

Roger Parsons

453 Caravelle Dr

Jupiter, FL 33458

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:


Signature

Roger L. Parsons

Printed Name

FILING FEE: \$25.00

FILED

2023 APR 17 PM 4:48
SECRET
DEPT. OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RLP Managent 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:

Roger L Parsons

(Name of Person)

(Firm/Company)

453 Caravelle Dr

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Roger Parsons

(Name of Person)

561

512-6888

at (

_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303