10600083181

<u> </u>					
(∺€	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
·		•			
PICK-UP	☐ WAIT	MAIL			
_	_	_			
(Bu	isiness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
					
Special Instructions to	Filing Officer:				

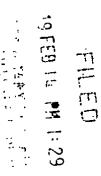
Office Use Only



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Miss

COVER LETTER

	ation Section n of Corporations							
SUBJECT:	RAMMCORP, LLC							
(Name of Limited Liability Company)								
The enclosed Ar	ticles of Dissolution and fee(s) are submitte	ed for filing.						
Please return all correspondence concerning this matter to the following:								
Robert G McGaw								
(Name of Person)								
Rammcorp, LLC								
	(Firm	/Company)						
633 Treehouse Cir								
(Address)								
St Augustine FL 32095								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Rol	pert G McGaw	_{at (_} 904	599-9394					
	(Name of Person)	(Area Code	& Daytime Telephone Number)					
Enclosed is a check for the following amount:								
≤ \$25.00 I	Filing Fee and Certificate of Dissolution		ee, Certificate of Dissolution & (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 RAMMCORP, LLC						
2.	The Articles of Organizatio	n were filed on	08/22/2006	and assigned			
	document numberL060	00083181					
3.	The delayed effective date to (effective Note: If the date inserted in the listed as the document's effective date.	this block does not med	t the applicable statutory fil				
∔.	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).						
	This entity has ceased all opera	ations.					
		-					
5.	If there are no members, en	ter the name and add	ress of the person appoin	ted to wind up the compa	any's		
	activities and affairs:	Robert G McGaw			-		
		633 Treehouse Cir			71 H		
		St Augustine FL 32	095		7 - 17		
					2		
6. lis	Signature of an authorized pattern steel above to wind up the con	person or if there are npany's activities an	no members, the signatu d affairs:	re of the person appointed	d and		
	11/1/						
•	1/2/06	e Gim	Rob	ert G McGaw			
	Signature		Pri	nted Name			

FILING FEE: \$25.00