# L0600085575

(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

G. MCLEOD

MAR 1 2010

EXAMINER



100170423581

100170423581 02/26/10--01020--016 \*\*25.00

10 FEB 26 PH 2: 34

SECRETARY OF STATIONS

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



	कर्मा १८ पुरुष क्षान्युक विदेश 💆 🛂
1. The name of a limited liability company is	LLC
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:	, '06
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
the LLC has served longer needed.	its purpose And is not
5. CHECK ONE:	
☐-OR-	mited liability company have been paid or discharged.  ebts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distriburights and interests.</li></ol>	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp OR- Adequate provision has been made for the seen tered against it in any pending suit.	any in any court.  atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature (	Printed Name
Transis P. Lynch.	FRANCIS (FRANK) C. Lync
Micole S. Lyuh	Nicole S. Lynch
	·

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Rolling Ridge LLC (Name of Limited Liability Company)		
(company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
FRANCIS (FRANK) C. Lynch (Name of Person)		
<b>—</b>		
(Firm/Company)		
P.O. 130x 772165 (Address)		
P.O. 130x 772165  (Address)  (Cala, Fl. 34477  (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (352) Cols. coot2 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee & 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