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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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Cartificat Conics Cartificators of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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FILED

15 JAN 20 PM 1: 48

SECRETARY OF STATE

SECRETARY OF STATE

JAN 2 C 2015

T. HAMPTON

COVER LETTER

TO:	Registration Section
4	Division of Corporations

RAS ENTERPRISES 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:

RICHARD A. SMITH							
(Name of Person)							
RAS ENTERPRISES LLC.							
(Firm/Company)							
283 LOOKOUT POINT DR.							
(Address)							
OSPREY , FL. 34229							
(City/State and Zip Code)							

For further information concerning this matter, please call:

966-6949

(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						
	RAS ENTE	RPKISES	4.4.	 			
2.	The Articles of Organization	were filed on	AY 16, 2	2007 and	l assigned		
	document number	0000522	08				
3.	The delayed effective date the (effective de	e dissolution if not ef ate cannot be prior to or n	fective on the da nore than 90 days la	nte of filing: er than date docum	nent is received for filing)		
4.	A description of occurrence the 605.0707, Florida Statutes, (co						
	LACK OF SAL	ES AND F	ROFIT.	PECISI	ON MADE		
	By SOLE OF	WNER.					
	<u> </u>						
	····						
5.	If there are no members, enter	the name and addre	ss of the person	appointed to wi	nd up the company's		
	activities and affairs:	RICHAR					
		283 4	00KOUT	POINT	DR.		
		OSPREY	, FL.	34229	····		
6. lis	Signature of an authorized pe ted above to wind up the comp	rson or if there are no any's activities and	o members, the saffairs:	ignature of the	person appointed and		
	Pla Smith		RI	CHARD	A. SMITH		
	Signature			Printed Nar			

FILING FEE: \$25.00