

L07000081026

(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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2016 JAN -4 A 10:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 05 2016

S MASON

REAL PRESS LLC

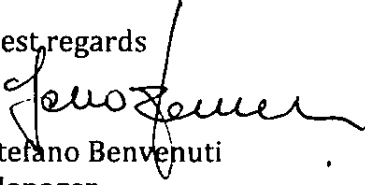
290 SUNRISE DRIVE APT 310 - KEY BISCAYNE - FL 33149 - PHONE 305 790 4325

Key Biscayne, December 29, 2015

Dear Sir/Madame,

Attached are the form to dissolve voluntarily REAL PRESS LLC and a check for \$25.00

Best regards


Stefano Benvenuti
Manager

COVER LETTER

TO: Registration Section
Division of Corporations

REAL PRESS LLC

SUBJECT: _____
(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:

STEFANO BENVENUTI

(Name of Person)

REAL PRESS LLC

(Firm/Company)

290 SUNRISE DRIVE - APT 310

(Address)

KEY BISCAYNE, FL, 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

STEFANO BENVENUTI

305 790 4325

at ()

(Name of Person)

(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
REAL PRESS LLC

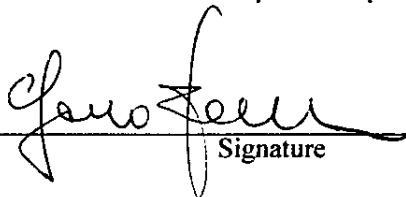
2. The Articles of Organization were filed on AUGUST 7, 2007 and assigned
document number L07000081026

3. The delayed effective date the dissolution if not effective on the date of filing: DECEMBER 31, 2015
(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).
DISSOLUTION WAS APPROVED BY CONSENT OF ALL SHAREHOLDERS-MEMBERS ON
DECEMBER 28, 2015

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: NA

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

STEFANO BENVENUTI
Printed Name

FILING FEE: \$25.00

2016 JAN -4 A 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED