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(Requestor	s Name)
(Address)	
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(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business F	Entity Name)
(235,11000)	
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(Document	Number)
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D. BRUCE AUG 15 2020

COVER LETTER -

TO: Registration Section

Division of Corporations		
0-11110 110		
SUBJECT: RTNILO, LLC (Name of Limite	It (abiliar Campana)	
(Name of Limite	a Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to t	he following:	
Pamelu Bi	OWAE	
(Nam	e of Person)	
(Fini	(Company)	
777 6 /5/	Las AGIA Cla SAAWLATTING	
	Her Drive, Ste 800 west Tower	
Wart P.L. R	Peach, FL 33401 c and Zip Code)	
WPI/ AIM U	c and Zin Code)	
(Otto Dan	(and the state)	
Proceeds to the control of the contr		
For further information concerning this matter, please call:	co 22	
	표면 경 동안 호	
	at ()	
(Name of Person)	at () Area Code & Daytime Telephone Number) = 1	
	3 6 1	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee and Certificate of Dissolution	X \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed)	
	Certified Copy (additional copy is enclosed)	
	r in 5	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is RT N/LO, LLC
2.	The Articles of Organization were filed on $09/21/2007$ and assigned
	document number <u>L07000096674</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (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). The consent of all members, F.S. 605.0701.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	29 T
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Signature Printed Name

FILING FEE: \$25.00