

LO7000125065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

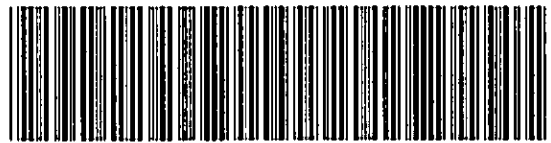
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200337858152

12/16/19--01033--014 **25.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS
JAN 15 AM 10:40

Dissolution

JAN 04 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RRR QUALITY BPOS AND INSPECTIONS, 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:

Rafael V. Rosquete

(Name of Person)

RRR QUALITY BPOS AND INSPECTIONS, LLC

(Firm/Company)

11930 NW 23 Street

(Address)

Pembroke Pines, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael V. Rosquete

(Name of Person)

954

638-5143

at (

_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CLERK OF STATE
DIVISION OF CORPORATIONS
JAN 11 2006

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
RRR QUALITY BPOS AND INSPECTIONS, LLC

2. The Articles of Organization were filed on 01/01/2008 and assigned
document number L07000125065

3. The delayed effective date the dissolution if not effective on the date of filing: 12/14/2019
(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.

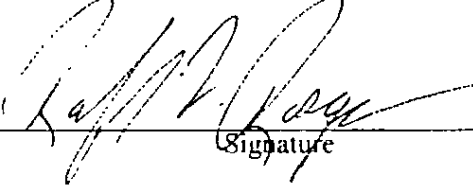
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
I currently do not have any work in this field.

I currently do not have any work in this field.

I currently do not have any work in this field.

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

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

RAFAEL V. ROSQUETE
Printed Name

FILING FEE: \$25.00

19 DEC 16 AM 10:10
STATE OF FLORIDA
DEPARTMENT OF STATE