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COVER LETTER

TO:							
SUBJE	:CT:	Raymond James Research Services, L.L.C.					
00200		(Name of Limi	ted Liability Company)				
			-				
	Kris Nowacki						
		(Na	me of Person)				
		(Name of Limited Liability Company) and Articles of Dissolution and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Kris Nowacki (Name of Person) Raymond James Financial, Inc. (Firm/Company) 880 Carillon Parkway (Address) St. Petersburg, FL 33716 (City/State and Zip Code) information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) check for the following amount: 5.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed) inding Address: registration Section vision of Corporations O. Box 6327 The Centre of Tallahassee					
		(Fir	m/Company)				
	880 Carillon Parkway						
			(Address)				
		St. Petersburg, FL 33716					
		(City/St	ate and Zip Code)				
For fur	ther in	nformation concerning this matter, please call	:				
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Enclose	d is a c	check for the following amount:					
☐ \$25.00 Filing Fee and Certificate of Dissolution		00 Filing Fee and Certificate of Dissolution					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		gistration Section vision of Corporations D. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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1. The name of a limited liability company is				2024 AUG 23 PM 12: 40		
Raymond Jar	nes Research Servic	es, L.L.C.	. <u>-</u>		- PH 12: 40	
2. The Articles	of Organization w	vere filed on 9/5/200	08	TALL At and assign	ASSEE, FL	
document nu	umber <u>L080000849</u>	21				
Note: If the	(effective dat date inserted in this	dissolution if not el e cannot be prior to or r block does not meet e date on the Departm	nore than 90 days later the applicable statute	r than date document is recory filing requirements,	eived for filing) this date will not	
4. A description 605.0707, Flo	n of occurrence the orida Statutes, (coj	at resulted in the lin by 605.0707 on bac	nited liability comp k cover letter).	pany's dissolution pur	suant to section	
The Compa	any ceased doing b	ousiness.	· - - · · · · · · · · · · · · · · · · · ·		<u></u>	
	·					
	<u> </u>					
If there are n	o members, enter	the name and addre	ss of the person ap	pointed to wind up th	e company's	
activities and	l affairs:					
	_					
						
	-					
6. Signature of above to wind u	an authorized pers p the company's a	on or if there are no ctivities and affairs	members, the sig	nature of the person a	ppointed and lis	
-						
	June 1		Rupert S. Guy			
	Signature			Printed Name		

FILING FEE: \$25.00