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(Re	questor's Name)	
(Ad	dress)	<u>-</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Office Use Only



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SECRETARY OF STATE
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C. LEWIS

DEC 2 9 2009

EXAMINER

Cover Letter

Pinellas Park, Fl 33782 5685 109th Ave 727-710-0472 Robert J Ray

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Robert RAY E. (Name of Limited L	iteRPRISES, LLC
`	, , ,
The enclosed Articles of Dissolution and fee(s) are submitted i	or filing.
Please return all correspondence concerning this matter to the	following:
Robert	J RAY
(Name of	reison)
(Firm/Co	,
<u>5685 109</u> f	h AUE N
(Addr	ess)
Pinellas PARK,	FL 33782 d Zip Code)
(City/State an	d Zip Code)
For further information concerning this matter, please call:	•
Robert- RAY	at (727) 710-0472
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$5.00 Filing Fee \$30.00 Filing Fee	55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status	55.00 Filing Fee & Scertified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
This is the correct charact	
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 41141140000, 1 15 5251 1	Tallahaasaa FI 20201

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

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its members in accordance with their respecti
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of any judgment, order or decree which may b
or any judgment, order or decree which may t
to find the second of the seco
ip interests necessary to approve the dissolution
Printed Name
Trined Panie
_ Robert T RAY