(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:				
A. LUNT				
APR 12 2011				
EXAMINER				
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Office Use Only



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02/03/12--01024--024 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2012

MICHAEL SCHER 95 WOLF CREEK BLVD. SUITE 2 DOVER, DE 19901

SUBJECT: RICHARDSON, RILEY & ASSOCIATES LLC

Ref. Number: L09000055984

We have received your document for RICHARDSON, RILEY & ASSOCIATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 812A00004701

R.R. Beach Associates, 95 Wolf Creek Blvd., Suite 2

Dover, DE 19901

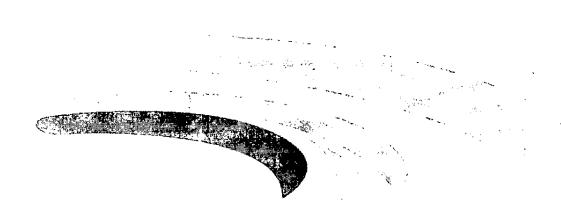
PHONE: (866) 744-9911 FAX:(302) 744-9912

www.rrbeach.com



Friday, January 27, 2012

Florida Dept of State Registration Section – Div of Corporations PO Box 6327 Tallahassee, FL 32314 2012 APR 11 PA 1:55





95 Wolf Creek Blvd., Suite 2 Dover, DE 19901 Phone: (866) 744-9911 Fax:(302) 744-9912

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL. 32314

COVER LETTER

Division of	Corporations		
SUBJECT:	Richardson Riles	a Albacides LLC	ari
	Kunasdon Rile (Name of L	imited Liability Company)	2012 APR 11
The enclosed Article	s of Dissolution and fee(s) are su	bmitted for filing.	The state of the s
Please return all corr	espondence concerning this matt	er to the following:	
	My Leonar SX	W	
		(Name of Person)	
	Richardson R	(Firm/Company)	
	95 WOR CC	(Address)	· · · · ·
	Dove of (Cit	l 9 9 0) y/State and Zip Code)	
For further informati	on concerning this matter, please	call:	
· •	(Name of Person)	at (3°3) SSS (Area Code & Daytime	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Ta	llahassec, FL 32314	2661 Executive Tallahassee, FL	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	•	2000 B	70
Rishardson Brild - Associa	tex 11c		
711011111111111111111111111111111111111		E conf.	
2. The Articles of Organization were filed on	909	and assigned document	nt number
<u> </u>	. •		iliji G in
3. The date the dissolution was approved:	01/12		
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissover letter).	olution pursuant to sec	tion
Company is no longer coll	ebra commucial	occounts in	
Step of Florida	-		
5. CHECK ONE:			
All debts, obligations and liabilities of the li	imited liability company ha	we been paid or discha	rged.
OR- Adequate provision has been made for the o		·	_
6. All remaining property and assets have been distribu	_	•	
rights and interests.	······································		
7. CHECK ONE:			
There are no suits pending against the comp	oany in any court.		
Adequate provision has been made for the sentered against it in any pending suit.	atisfaction of any judgmen	t, order or decree which	h may be
signatures of the members having the same percentage of	membership interests neces	ssary to approve the dis	ssolution:
Signature /		Printed Name	
	Michael	Som	
Be The	BACON	Sinv Stevenson	
,			. ,