

L10 00000 2719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

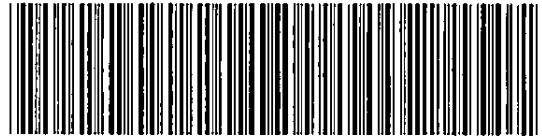
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1-15/0

Office Use Only



200440463892

12/11/24--01008--014 \*\*55.00

FILED  
2025 FEB 11 PM 3:43  
CLERK OF STATE  
TALLAHASSEE FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Reif Industries, P.L.  
\_\_\_\_\_  
(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:

Thomas H. Reif  
\_\_\_\_\_  
(Name of Person)

Reif Industries, L.L.C.  
\_\_\_\_\_  
(Firm/Company)

PO Box 581  
\_\_\_\_\_  
(Address)

Cedar City, UT 84721  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas H. Reif  
\_\_\_\_\_  
(Name of Person)

352 213-3359  
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

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

1. The name of a limited liability company is

Reif Industries, P.L.

2. The Articles of Organization were filed on 12/22/2009 and assigned

document number L10000002719

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2024  
(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 company has ceased operations in Florida and has moved to Utah.

The company has ceased operations in Florida and has moved to Utah.

The company has ceased operations in Florida and has moved to Utah.

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

Thomas H. Reif

Printed Name

**FILING FEE: \$25.00**

FILED  
2025 FEB 11 PM 3:43  
STATE OF FLORIDA  
CLERK OF THE COURT