

L100000086134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

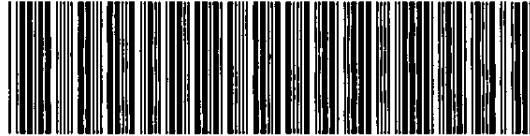
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Diss

Office Use Only



300270506213

03/23/15--01013--015 **25.00

FILED
15 MAR 23 AM 10:51

M. MILLIGAN
EXAMINER

APR 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raine & Biny 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:

LORRAINE SAMUELS
(Name of Person)

(Firm/Company)

12900 SW 95 AVENUE
(Address)

MIAMI, FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

LORRAINE SAMUELS at (305) 238-7452
(Name of Person) (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
MAR 23
15
CLERK OF DISTRICT COURT
JANUARY 14, 2015

1. The name of a limited liability company is

RAINE & Bink LLC

2. The Articles of Organization were filed on AUGUST 16, 2010 and assigned

document number L10000086134

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

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

LORRAINE SAMUELS
12900 SW 95 AVE
MIAMI, FL 33176

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

LORRAINE SAMUELS

Printed Name

FILING FEE: \$25.00