L100000 99498

(Re	questor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
 (Bu	siness Entity Name			
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Certified Copies	_ Certificates of	f Status		
Special Instructions to Filing Officer:				
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	Office Use Only			

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COVER LETTER

TO:	Registration Section
	Division of Corporations

ises LLC Ter SUBJECT: (Name of Limited Liability

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES Z. Dillard (Name of Person) Gfter D Enterprises LLC 5 Bellami Bros Blud. (Address) City 71 33523

For further information concerning this matter, please call:

JAMES Dillard at 813, 714 3995 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

1 \$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	2022 APR 14 AM 9:28
	Rafter D Enterprises, LLC	<u> </u>
2.	The Articles of Organization were filed on <u>Sept. 22</u> , 2010 document number <u>L100000994498</u>	and assigned
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 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing listed as the document's effective date on the Department of State's records.	g: $July 11, 2022$ document is received for filing) requirements, this date will not be
4.	A description of occurrence that resulted in the limited liability company's d 605.0707, Florida Statutes, (copy:605.0707 on back cover letter).	issolution pursuant to section
	Retirement	
5.	If there are no members, enter the name and address of the person appointed activities and affairs: $\underline{JAmes E}, \underline{Dillg}$	rd
		Bros. Blud 33523

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:

Dillary Janes Signature

JAMES E Dillard Printed Name

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FILING FEE: \$25.00