

210000131226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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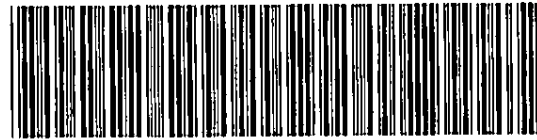
(Business Entity Name)

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K. SALY

JAN 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RFM ASSOCIATES 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:

VICTOR M. VERDI

(Name of Person)

VERDI ASSOCIATES GROUP, INC.

(Firm/Company)

312 E. VENICE AVENUE SUITE 203

(Address)

VENICE, FLORIDA 34285

(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR M. VERDI

(Name of Person)

at (**732**) **829 8397**

(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

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RFM ASSOCIATES LLC

document number L10000131226

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).

OPERATIONS CEASED 12/31/17

VICTOR M. VERDI

312 E. VENICE AVENUE SUITE 203

VENICE, FLORIDA 34285


Signature

Printed Name