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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

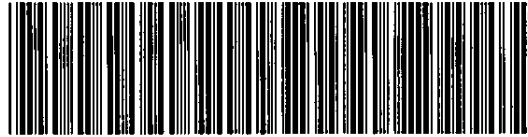
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 JAN 22 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 03 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRW BUSINESS ENTERPRISES
(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:

RICHARD WASHICK

(Name of Person)

(Firm/Company)

468 TURNSTONE WAY

(Address)

ORLANDO, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD WASHICK

(Name of Person)

at (407) 920-3979

(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**

1. The name of a limited liability company is

RW BUSINESS ENTERPRISES

2. The Articles of Organization were filed on JANUARY 15, 2015 and assigned

document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).


VOLUNTARY CLOSURE OF ENTITY

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

468 TURNSTONE WAY

ORLANDO, FL 32828

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

RICHARD M. WASHICK
Printed Name

FILING FEE: \$25.00

15 JAN 22 PM 12:55
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA