# 1/1000004961

(Re	questor's Name)	
 (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300278600033

11/05/15--01031--008 \*\*50.00

ZOIS NOV -5 PH 4: 48
SECRETARY OF 3 MAIL

K.SALY EXAMINER NOV - 6 2015

## **COVER LETTER**

TO: Registration Section
Division of Corporations

LRRBL Investments, 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:

Samuel Rothrock	
(Name of Person)	
LRRBL Investments, LLC	
(Firm/Company)	
2181 Ector Place	
(Address)	
Kennesaw, GA 30152	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Samuel Rothrock

*ू,7*70 \ 514-1958

(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

2015 NOV-5 PH 4:40

TALLAHASSEE FLORIDA

1. The name of a limited liability compai	ny is	rate Care
LRRBL Investments, LLC		TAILAHASSEE. FLORE
2. The Articles of Organization were file	ed on January 12, 2011	and assigned
document number L11000004961		
3. The delayed effective date the dissolut (effective date cannot Note: If the date inserted in this block do listed as the document's effective date on	be prior to or more than 90 days later oes not meet the applicable statute	r than date document is received for filing) ory filing requirements, this date will not be
4. A description of occurrence that result 605.0707, Florida Statutes, (copy 605.0707)	ted in the limited liability com 0707 on back cover letter).	pany's dissolution pursuant to section
The LLC is no longer doing business in the	e State of Florida and has been ac	dministratively dissolved by
the department.		
5. If there are no members, enter the namactivities and affairs:	ne and address of the person a	ppointed to wind up the company's
6. Signature of an authorized person or i listed above to wind up the company's ac	f there are no members, the sictivities and affairs:	gnature of the person appointed and
Ja Fa	Samuel Rothro	
Signature Pr		Printed Name

**FILING FEE: \$25.00**