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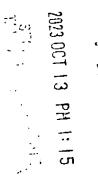
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COVER LETTER

Division of Corporations	•			
SUBJECT: RAPAllen Enter	rprises, 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:			
, and the second				
Ralph Allen				
(Name of Person)				
(Firm-Company)				
(Firm-Conquary)				
3811 Washington Loop Road				
(Address)				
Putta Gorda, FL 33982 (Cily/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Rolah Allen	941 . 204-3474			
(Name of Person)	at 1 9H , 20H-3H7H (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$25,00 Filing Fee and Certificate of Dissolution	S\$5.00 Filing Fee, Certificate of Dissolution &			
	Certified Copy (additional copy is enclosed)			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
Tananassee, FL 52514	Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	1. The name of a limited liability company is	
	R&P Allen Enterprises, LLC	•
	2. The Articles of Organization were filed on 01/19/2012 and ass	igned
	document number <u>L 12000009510</u>	
3.	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 in Note: If the date inserted in this block does not meet the applicable statutory filing requirement listed as the document's effective date on the Department of State's records.	s received for filing) nts, this date will not be
4.	4. A description of occurrence that resulted in the limited liability company's dissolution 605,0707, Florida Statutes, (copy 605,0707 on back cover letter).	pursuant to section
-	Consent of all members	2023 1.5.E.
		0CT
-		i. ω 1
5.	5. If there are no members, enter the name and address of the person appointed to wind u	p the company's
	activities and affairs:	
6. abo	6. Signature of an authorized person or if there are no members, the signature of the pers above to wind up the company's activities and affairs:	on appointed and listed
	Raph E Aller Signature Printed Name	
	Signature Printed Name	

FILING FEE: \$25.00