# L12000018191

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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**EXAMINER** 

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# RV PROFESSIONAL SERVICES 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:

# Richard Ventresca

(Name of Person)

# RV PROFESSIONAL SERVICES LLC

(Firm/Company)

1465 NE 123st Street # 415

(Address)

North Miami, Florida 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

# Richard Ventresca

786 426-6848

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status 
 ρ \$55.00 Filing Fee &
 Certified Copy
 (additional copy is enclosed)

ρ \$60.00 Filing Fee, Certificate of Status & 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

2. The Articles of Organization were filed on February 07,2012 L12000018191		and assigned document number		
3. The date the dissolution was approved: 10/31/2012				
4. A description of occurrence that resulted in the limited liabi 608.441, Florida Statutes, (copy 608.441 on back cover lette	lity company's o er).	dissolution pursuant	to section	1
The company stops doing business.		: ::: : ::::::::::::::::::::::::::::::	- <del>- 5</del>	407 t
				["]
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5. CHECK ONE:		Ş <sup>P</sup>	£ ₩	
-OR- Adequate provision has been made for the debts, of 6. All remaining property and assets have been distributed amorights and interests.	Ŭ	•		
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