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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HOLLAND & KNIGHT

Account Number : 072100000016 ; (813)227-8500 Phone

Fax Number : (813)229-0134

Wheeler

LLC DISSOLUTION OR WITHDRAWAL R & R COCOON, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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APR 3 0 2015

4/28/2015

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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	ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY	5 Map Do Par 10: 20
1. The name of a limited lia R&R Cocoon, LLC		Parks O
2. The Articles of Organization	tion were filed on 4/10/2012	and assigned
document number L120	00048823	
3. The delayed effective dat (effect	e the dissolution if not effective on the date of fili ive date cannot be prior to or more than 90 days later than do	ing: _ ntc document is received for filing)
605.0707, Florida Statutes	nce that resulted in the limited liability company's s, (copy 605,0707 on back cover letter). d no members for a period exceeding 90 of	•
	enter the name and address of the person appointed	
activities and affairs:	Gal Kaufman	·· <u> </u>
	800 17th Street N.W. Suite 1100 Washington, DC 20006	· <u> </u>
listed above to wind up the e	•	rized Representative
Signature	Print	ted Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: R & R Coccon, LLC	
	0048823
Date of dissolution was: 4-29-2015	
Description of information that must be included in a written	claim:
Name of claimants, date of claim, event giving rise	to the claim, amount claimed, and
name, address and telephone number of contact to	whom the company should
reply regarding the claim.	
	· · · · · · · · · · · · · · · · · · ·
Mailing address where claims can be sent: (Claims cannot be Gal Kaufman	sent to the Division of Corporations)
800 17th Street N.W. Suite 1100	
Washington, DC 20006	
A claim against the above named limited liability company wi claim is commenced within 4 years after the filing of this noti	
Gal Kaufman, Authorized Representative	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge it included with Articles of Dissolution. If filed separately \$25.00