# L12000061436

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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02/27/13--01013--007 \*\*35.00

### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: L12000061436		
DOCUMENT NUMBER: L12000	061436	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
William Borzor	Contact Person)	
(Name of Contact Person)		
RAM INSURANCE SOI	LUTIONS, LLC	
(Fire	m/Company)	
905 E. MARTIN LUTHER	KING, JR. DRIVE SUITE 100	
(A	Address)	
TARPON SPRINGS, F	L 34689 US	
	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
William Borzor	at (813 ) 929-1189	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	unt:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS: Amendment Section	
Amendment Section Division of Corporations	Amendment section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circ.:	

Tallahassee, FL 32301

#### **COVER LETTER**

Division of Corporations  Division of Corporations
SUBJECT: RAM Insurance Solutions, LLE 3
(Name of Limited Liability Company)
(Name of Limited Liability Company)  The enclosed Articles of Dissolution and fee(s) are submitted for filing.
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Borzor (Name of Person)
(Name of Person)
(Firm/Company)
20851 Sylvan Springs Road
(Address)
20851 Sylvan Springs Road (Address)  Land O Lakes FL 34638 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
William Borzer at (813) 929-1189 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ρ \$25.00 Filing Fee p \$30.00 Filing Fee & ρ \$55.00 Filing Fee & ρ \$60.00 Filing Fee, Certificate of Status Certificate of Status (additional copy is enclosed)    Certificate of Status (additional copy is enclosed)   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	
RAM Insurance.	Solutions, LLC
2. The Articles of Organization were filed on 5/	14/2012 and assigned document number
3. The date the dissolution was approved: $3/$	14/2013
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of the copy 608.441).	nited liability company's dissolution pursuant section cover letter).
Never opened for be	usiness.
5. CHECK ONE:	
All debts, obligations and liabilities of the	limited liability company have been paid or discharged.
	e debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distri- rights and interests.</li></ol>	buted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con	npany in any court.
OR- ☐ Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	of membership interests necessary to approve the dissolution:
Signature	Printed Name
William By	William Borzar
·	