Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000302794 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

: (407)423-1831

## LLC DISSOLUTION OR WITHDRAWAL RT SANFORD, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

90

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(((H20000302794 3)))

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil	ty company is			<del></del> ,	
2.	The Articles of Organization	n were filed on June 4, 201	2	and assigned		
	document number L120000	74261				
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 is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited copy 605.0707 on back co	l liability company's ever letter).	dissolution pursuant (		
					Q	
					200	
					<del>- Stp</del>	
	Consent of Sole Member		<u>,</u>		<del></del>	
5.	If there are no members, en	f there are no members, enter the name and address of the person appointed to wind up the company s				
	activities and affairs:	Tracy Duda Chapman			<u>#</u>	
		1200 Duda Trail			- H2	
		Oviedo, FL 32765	<u> </u>		<del>_</del>	
6. at	Signature of an authorized pove to wind up the company	person or if there are no me 's activities and affairs:	embers, the signature	of the person appoin	ited and listed	
	Land		Tracy Duda Chapman	, Manager		
	Signature	<del></del>		ted Name	<del></del>	

FILING FEE: \$25.00

#### (((H20000302794 3)))

### 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	RT Sanford, LLC
Document number of Limited Liabili	1.12000041
Date of dissolution was:	
Description of information that must	be included in a written claim:
Name of Claimant:	
Address of Claimant:	
Amount of Claim:	
Basis of Claim:	
Mailing address where claims can be Tracy Duda Chapman	e sent: (Claims cannot be sent to the Division of Corporations)
P.O. Box 620257	
Oviedo, FL 32762-0257	
<del></del>	The second secon
	nited liability company will be barred unless a proceeding to enforce the
Tracy Duda Chapman	
Printed Name of the Person Fi	

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