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.

(((H20000328200 3)))



H200003282003ABCR

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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 BEAUFORT, LLC

Certificate of Status	0
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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liabil RT Beaufort, LLC	ty company is		·		
2.	The Articles of Organization	were filed on June 4, 2	012	and assigned		
	document number L120000	74268	_			
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 leter 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.					
ŧ.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limit copy 605,0707 on back (ed liability company cover letter).	's dissolution pursuant to section		
	Consent of Sole Member /	····				
5.	If there are no members, entactivities and affairs:	er the name and address Tracy Duda Chapman	of the person appoin	ted to wind up the company's		
		1200 Duda Trail				
Oviedo, FL 32765		Oviedo, FL 32765				
5. ab	Signature of an authorized pove to wind up the company	erson or if there are no i's activities and affairs:	members, the signatu	re of the person appointed and listed		
	Hugg		Tracy Duda Chapma	_		
7	Signature		Pr	inted Name		

FILING FEE: \$25.00

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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 Beaufon, LLC	
Document number of Limited Liability Company is: L12000	074268
Date of dissolution was:	
Description of information that must be included in a writter	claim:
Name of Claimant:	
Address of Claimant:	
Amount of Claim:	
Basis of Claim:	
Mailing address where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)
Tracy Duda Chapman	
P.O. Box 620257	
Oviedo, FL 32762-0257	
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no	will be barred unless a proceeding to enforce the tice.
Tracy Duda Chapman	7579
Printed Name of the Person Filing	Steanture of the Person Filing

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

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