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.

(((H20000293062 3)))



H200002930623ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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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 LEXINGTON, LLC

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

10 VNB 2H 12 5: 18

(B)

Electronic Filing Menu

Corporate Filing Menu

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(((H20000293062 3)))

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited list	ability company is		
RT Lexington, LLC	<u> </u>	······	
2. The Articles of Organiza	ition were filed on June	4, 2012	and assigned
document number L120	00074294		
Note: If the date inserted	sive data connot be prior to or	more than 90 days later than of the applicable statutory file.	ling: date document is received for filing) ing requirements, this date will not be
4. A description of occurre 605.0707, Florida Statute	nco that resulted in the ill s, (copy 605.0707 on bac	mited ilability company' ck cover letter).	s dissolution pursuant to section
	<u> </u>	····	. 202
			\$ 24
Consent of Sole Member			7
5. If there are no members, activities and affairs:	enter the name and addr Tracy Duda Chapma		ted to wind up the company's
	1200 Duda Trail		
	Ovledo, FL 32765		
<ol> <li>Signature of an authorize above to wind up the comp</li> </ol>	ed person or if there are a	no members, the signatures:	e of the person appointed and listed
YIJU		Tracy Duda Chapma	in, Manager
Signeture	<del></del>	Pri	nted Name

**FILING FEE: \$25.00** 

## (((H20000293062 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.

Date of dissolution was:  Upon filing  Description of information that must be included i	L12000074294 is:			
Description of information that must be included i				
	n a written claim:			
and the second s				
Name of Claimant:				
Address of Claimant				
Amount of Claim:				
Basis of Claim:				
Mailing address where claims can be sent: (Claim: Tracy Duda Chapman				
P.O. Box 620257				
Oviedo, FL 32762-0257				

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Tracy Dada Chapman

Printed Name of the Person Filing

Signature of the Person Filing