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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

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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 WINCHESTER, LLC

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

Corporate Filing Menu

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Help

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	ARTICLES OF DISSOLUTION	2020
	FOR A LIMITED LIABILITY COMPANY	JUA
1.	The name of a limited liability company is RT Winchester, LLC	3 2 u
2.	The Articles of Organization were filed on June 4, 2012 and assigned	2: 16
	document number L12000074572	•
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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	ed for filing) s date will not be
4,	A description of occurrence that resulted in the limited liability company's dissolution pursu 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ant to section
	Consent of Sole Member	
5.	If there are no members, enter the name and address of the person appointed to wind up the activities and affairs: Tracy Duda Chapman	company's
	1200 Duda Treil	
	Oviedo, FL 32765	
6, ab	Signature of an authorized person or if there are no members, the signature of the person approve to wind up the company's activities and affairs:	eointed and listed
	Tracy Duda Chapman, Manager	
	Signature Printed Name	

FILING FEE: \$25.00

(((H20000293084 3)))

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Tracy Duda Chapman

Printed Name of the Person Filling

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 Winchoster, LLC
Document number of Limited Liability Company is:
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 sent: (Claims cannot be sent to the Division of Corporations) Tracy Duda Chapman
P.O. Box 620257
P.O. Box 620257 Oviedo, FL 32762-0257
Oviedo, FL 32762-0257
Oviedo, FL 32762-0257

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00 (((H20000293084 3)))

Signature of the Person Filling