

L12 0000 86627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

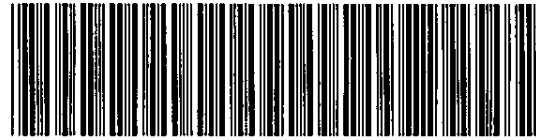
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RURAL AMERICAN CHRONICLES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT W. KIRCHER

(Name of Person)

RURAL AMERICAN CHRONICLES, LLC

(Firm/Company)

28419 SOMBRERO DR.

(Address)

BONITA SPRINGS, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT W. KIRCHER

(Name of Person)

239

390-0234

at (

)
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

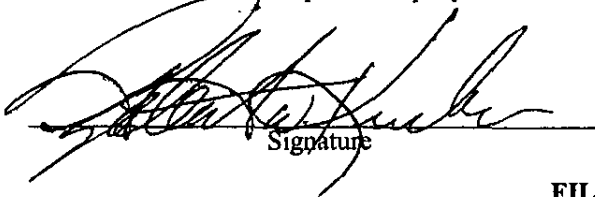
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

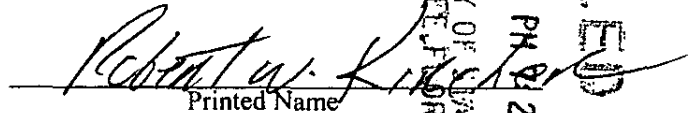
STREET/COURIER ADDRESS:

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
RURAL AMERICAN CHRONICLES, LLC
2. The Articles of Organization were filed on JUNE 29, 2012 and assigned
document number L12000086623
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)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
NO BUSINESS
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____
6. Signature of an authorized person or if there are no members, the signature of the person appointed
listed above to wind up the company's activities and affairs:


Signature


Printed Name

FILING FEE: \$25.00

FILED
14 SEP 12 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA