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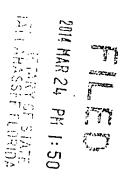
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAR 27 2018

D. DTITE

COVER LETTER

Division of Corporations	
SUBJECT: RC IT Con Sul Ting (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:	
R; CATU CABA NAS (Name of Person)	-
(Firm/Company)	-
1111 Sw 1099h Ave (Address)	-
Penbroke pines FL 33025 (City/State and Zip Code)	-
For further information concerning this matter, please call:	2014 HAR 2
Richal CARARA at (205) 753 - 1210 (Name of Person) (Area Code & Daytime Telephone Num	ber)
Enclosed is a check for the following amount:	PH III
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclose	

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 RCIT Con Sul Time
2.	The Articles of Organization were filed on 8/22/2012 and assigned
	document number <u>L120001089</u> 86
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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	No New Cliens
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	SIA: 50
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:
	Ricard CARANAS Signature Printed Name
	organists range

FILING FEE: \$25.00