# L12000140603

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
·					
(Business Entity Name)					
(Decument Number)					
(Document Number)					
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SECRETARY OF STATE

MAY PO ANN

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# **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC	RW Enterprises of North Central Florida, LLC				
BODGEC		(Name of Limited Liability Company)			
The enclo	sed Articles of Dissolution and fee(s) are submit	ted for filing.			
Please ret	urn all correspondence concerning this matter to	the following:			
	Rebecca Wilson				
	(Nar	ne of Person)			
	(Firm/Company)				
	7214 SW 17th Place				
	Gainesville, FL 32607	(Address)			
		ate and Zip Code)			
For furthe	r information concerning this matter, please call:				
1	Rebecca Wilson	352 682-2009			
_	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is	s a check for the following amount:				
<b>∠</b> \$	25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS:	STREET/COURIER ADDRESS:			
	Registration Section Division of Corporations	Registration Section			
	P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2014 MAY -9 AM 10: 35

1.	The name of a limited liabilit RW Enterprises of North	•	SEGNETARY OF S TALEAHASSEE, FL	TATE ORIDA
2.	The Articles of Organization	were filed on 10/29/2012	and assigned	
	document number L120001	40603		
3.	The delayed effective date the (effective date)	e dissolution if not effective ate cannot be prior to or more that	e on the date of filing:  n 90 days later than date document is received to	or filing)
4.	A description of occurrence the 605.0707, Florida Statutes, (co	ability company's dissolution pursuan	t to section	
	•	mically reasonable to operate. S	ole	
	Owner.			
5.	If there are no members, enter	the name and address of t	ne person appointed to wind up the con	npany's
	activities and affairs:			
6. lis	Signature of an authorized pe ted above to wind up the comp	rson or if there are no mem pany's activities and affairs	bers, the signature of the person appoint	nted and
) Jl	heere Wilson	R	EBECCA WILSON	
	Signature		Printed Name	

FILING FEE: \$25.00

### 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:	Central Florida, LLC
Document number of Limited Liability Company is:	603
Date of dissolution was: 5/9/14	
Description of information that must be included in a written claim	ı:
The purpose of the business is no longer econimically re	easonable to operate. Sole
Owner.	
	SECT
	<b>2</b> 商
Mailing address where claims can be sent: (Claims cannot be sent	to the Division of Corporations)
<del></del>	
A claim against the above named limited liability company will be claim is commenced within 4 years after the filing of this notice.	barred unless a proceeding to enforce the
REBECCA WILSON  Printed Name of the Person Filing	heceallen
ranica name of the Person Phing	Signature of the Person Filing

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