

L130000016994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

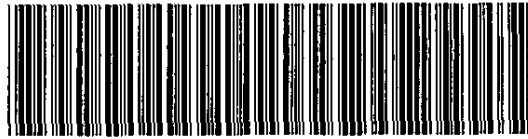
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100268695771

02/09/15--01002--003 **25.00

FILED
2015 FEB -9 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECMDRC FAMILY ENTERPRISES, 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 E Calder

(Name of Person)

RECMDRC FAMILY ENTERPRISES, LLC

(Firm/Company)

10810 SW 14th Court

(Address)

Davie, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert E Calder

(Name of Person)

954

476-1122

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

FILED

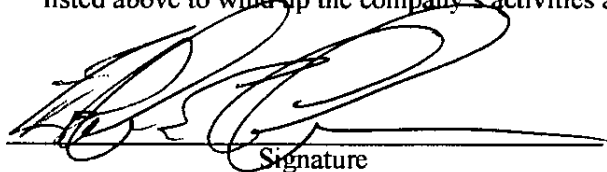
2015 FEB -9 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
RECMDRC FAMILY ENTERPRISES, LLC
2. The Articles of Organization were filed on Feb. 1, 2013 and assigned
document number L13000016994
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 was ever conducted. Transferring funds back to IRA.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Robert E Calder
10810 SW 14th Court
Davie, FL 33324

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

Robert E Calder

Printed Name

FILING FEE: \$25.00