

2190000 74187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

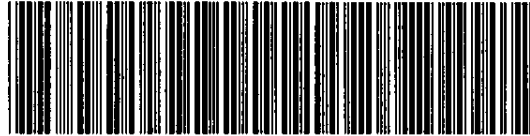
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300270044613

03/02/15--01033--015 \*\*25.00

FILED  
15 MAR 31 PM 1:28  
SECURITY OF FLA  
TALLAHASSEE, FLORIDA

APR 20 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2015

MICHAEL VARNER  
140 MAIDEN LANE  
HARROV, VA 24101

SUBJECT: RINGO VARNER, LLC  
Ref. Number: L13000034187

We have received your document for RINGO VARNER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 215A00005139

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISSOLVING LLC

DOCUMENT NUMBER: LLC# L13000034187

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL D VARNER  
(Name of Contact Person)

RINGO VARNER LLC  
(Firm/Company)

140, MAIDEN LANE, HARDY, VA 24101  
(Address)

HARDY VA 24101  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL D VARNER at ( 336 ) 337-5780  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|---|---|---|---|

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment 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

RINGOVANIA LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number \_\_\_\_\_

3. The delayed effective date the dissolution if not effective on the date of filing: IMMEDIATELY  
(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).

THE LLC WAS FORMED WHEN I PURCHASED A  
CONDO IN TAVENHUR. I HAVE SINCE SOLD THE  
PROPERTY & HAVE NO NEED FOR THE LLC

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 and listed above to wind up the company's activities and affairs:

  
Signature

MICHAEL D VARLEN  
Printed Name

**FILING FEE: \$25.00**

15 MAR 31 PM 1:28  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA