

L13000047254

(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



800254898428

01/02/14--01006--014 **25.00

FILED
2014 JAN -2 PM 1:54
CLERK OF COURT
TALLAHASSEE FLORIDA

JAN 08 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RKC PRODUCTS, LLC
(Name of Limited Liability Company)

FILED
2014 JAN -2 PM 1:54
TALLAHASSEE FLORIDA
CLERK OF STATE

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

Please return all correspondence concerning this matter to the following:

LAYNE E COCHRAN
(Name of Person)

RKC PRODUCTS, LLC
(Firm/Company)

13310 SHADBERRY LN
(Address)

HUDSON, FL 34667
(City/State and Zip Code)

For further information concerning this matter, please call:

LAYNE E COCHRAN at (727) 863-5323
(Name of Person) (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

RKC PRODUCTS, LLC

2. The Articles of Organization were filed on 4/1/2013 and assigned
document number L13000047254

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013

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).

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

Signature

Printed Name

Layne E Cochran, Pres.

LAYNE E COCHRAN

FILING FEE: \$25.00

FILED
2014 JAN -2 PM 1:54
CLERK OF STATE
TALLAHASSEE FLORIDA