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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	-
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Office Use Only



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2018 AUG 24 PM 3: 5

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RAM ConstrucTION (Name of Limited	JAWES MAINTENANCE SERVICES, CCC d Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this matter to the	ne following:	
KEN MALECMA	e of Person)	
(Firm	/Company)	
P. S. 134	direct	
NORTHFIELD MA		
For further information concerning this matter, please call:		
(Name of Person)	at (<u>LS1</u>) <u>755 - 7.85</u> (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	STREET/COURIER ADDRESS: Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2018 AUG 24 PM 3: 53

SECRETARY OF STATE TALLAHASSEF, FI

1. The name of a limited liab	pility company is	iallahassee, fl
RAM CONSTRUCTS	CO AND MATHTER CALL	SER-TRIC LIC
	ion were filed on ANRIC 1, 2013	
document number <u>L1</u>	30000 48051	
(effecti <u>Note:</u> If the date inserted in	e the dissolution if not effective on the date of we date cannot be prior to or more than 90 days later the in this block does not meet the applicable statutory fective date on the Department of State's records.	an date document is received for filing)
4. A description of occurrent 605.0707, Florida Statutes	ce that resulted in the limited liability compart, (copy 605.0707 on back cover letter).	ny's dissolution pursuant to section
_	MEMBER AND DRDG	only LIOUTDATED.
	AND PAYMENT OF DE BULENELS MAS BE	
If there are no members, e activities and affairs:	rnter the name and address of the person appo	
	P.O. Bix lay	
	NORTHFIELD and	
6. Signature of an authorized listed above to wind up the control.	d person or if there are no members, the signa ompany's activities and affairs:	ture of the person appointed and
LARA ML	/CENWE F	7 R. MALECHA Printed Name
១ខ្មែរពេល	1	ritica ranic

FILING FEE: \$25.00