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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO:

TO:		tion Section of Corporations	
SUBJE	RA	AY'S 3 CAYS, LLC	
SUBJE	C1:	(Name of Limi	ted Liability Company)
The end	losed Art	icles of Dissolution and fee(s) are submit	tted for filing.
Please r	eturn all o	correspondence concerning this matter to	the following:
		KEITH R. MCALLISTER	
	(Name of Person)		
	RAY'S 3 CAYS, LLC		
	(Firm/Company)		
	15 TURKEY FOOT CT		
	(Address)		
		DARNESTOWN, MD 20878-3	645
	•		ate and Zip Code)
For furt	her inforn	nation concerning this matter, please call	:
KEITH R. MCALLISTER		HR. MCALLISTER	202 781-2613
		(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	is a check	c for the following amount:	
✓ \$25.00 Filing Fee and Certificate of Dissolution		iling 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	Registration Section
		Division of Corporations P.O. Box 6327	Division of Corporations
		Tallahassee, FL 32314	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 RAY'S 3 CAYS, LLC			
2.	The Articles of Organization	on were filed on Apr 19, 2013 and assigned		
	document number L1300	0057881		
3.	The delayed effective date (effective	ective date the dissolution if not effective on the date of filing: Apr 18, 2015 (effective date cannot be prior to or more than 90 days later than date document is received for filing)		
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).		
	Property held by LLC v	by LLC was sold and proceeds distributed to partners.		
		- 1882 		
5.	If there are no members, en activities and affairs:	nter the name and address of the person appointed to wind up the company's KEITH R. MCALLISTER		
	15 TURKEY FOOT CT			
		DARNESTOWN, MD 20878-3645		
6. lis	Signature of an authorized sted above to wind up the co	person or if there are no members, the signature of the person appointed and mpany's activities and affairs:		
	Krith R. W	KEITH R. MCALLISTER Printed Name		

FILING FEE: \$25.00